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LECTURES.

BOSTON CITY HOSPITAL: CLINICAL LECTURE NO. XV.

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Caries and Amputation of the Thigh. — GENTLEMEN: Our first patient to-day is the young man whom you have so often seen, and who has caries of the femur. Deeming such an operation necessary I have proposed amputation, to which the patient and his friends have finally consented. My intention is to amputate at the location of the limit of the disease, namely, at the junction of the upper and middle third of the thigh, though I may find it expedient to go still higher. The patient dates his trouble from an exposure to cold and a subsequent periostitis. Abscesses formed and broke, and the femur then began to exfoliate. This all occurred in another institution. The patient was afterward brought to this hospital in a very feeble condition. Upon examination we found the femur apparently comminuted; fragments of bone were constantly coming away, and there evidently was a fracture. Whether the disease, which was close to the knee, had penetrated into the joint we could not tell. But since that date the joint has become involved, and now the lower end of the shaft of the femur protrudes from the wound. I think any form of repair is an impossibility, and the patient's only chance of life lies in an amputation. As an exception, I have allowed him to take an early breakfast, and just now he has been stimulated. During the operation we shall give him an enema of brandy and water, in doing which some care is necessary: (1.) The quantity of the injection should not exceed four ounces. (2.) There should not be too much brandy; the proportion of one half would be quite enough. Pure brandy shuts up the absorbents and causes irritation. This injection appears to act upon the pulse within five minutes. Sometimes a half drachm of whisky is thrown under the skin. We have the misfortune of being unable to make use of the Esmarch bandage, because of the danger of forcing the liquefied products of decomposition into the absorbents and blood of the body. I propose to make equal skin flaps, and, in order to give the patient every chance, shall do the operation under the carbolic spray and ligate with carbolized catgut, choosing a ligature of large size for the femoral artery. The trouble is that catgut ligatures become very quickly absorbed, in some cases in thirty-six to forty-eight hours. I have no hesitation in applying them to the smaller vessels, but they are not so safe for the large arteries. To guard against accidents a rubber cord will be kept loosely around the thigh for several days in readiness to be tightened. The entire operation will be done antiseptically. We shall close the flaps with carbolized silk, apply the carbolized dressing, and, unless symptoms oblige us to open sooner, leave the whole undisturbed for four days. A drainage tube will also be inserted between the flaps. As you may see, the condition of the leg is thoroughly bad. The limit of the disease and the cessation of vascularity seem to be above the middle third of the thigh. In order to arrest hæmorrhage we simply apply the rubber twist at the top of the thigh, securing it from slipping down by a loop of cotton bandage around the pelvis. I have now amputated as high as it is advisable to go at present. As it is, the femur has been cut within one and a half inches of the trochanter major. But little blood has been lost, and that is very thin and watery. The bone which remains is slightly diseased, and I think the limit of the trouble is a little higher up at a point where I can feel an exfoliating surface. In the inflamed tissues are many small vessels which cannot retract and close, and hence must be ligated. The amputated leg has been cut open, and we find that the knee-joint, in regard to the condition of which there was some question, is badly diseased, the cartilages and bone all being eroded. I have just found and removed a sequestrum in that portion of the femur which is left. It offers an illustration of the effect of local necrosis, and its removal may enable the wound to close up. If the patient do not soon succumb he will improve, but, notwithstanding the small loss of blood, the shock of the operation has given him a sharp struggle. By way of support he has had four ounces of brandy by enemata. I propose to leave the wound open twenty minntes, to see whether we cannot stop the hæmorrhage which still continues from the small vessels. This plan is very often successful, for it gives the lymph time to pour out freely. It glazes upon the surface of the wound, and thus arrests the bleeding. I do this now as a lesser risk than the completion of the antiseptic method. In my student days it was the custom to amputate in the morning, pass the sutures, leaving the long ends, and afterward put the patient aside for six hours. Then the surgeon or his assistant would gently wash out the wound, cut off the long threads, and close up the sutures. This procedure gave opportunity to watch for intermediate hæmorrhage. It of course militates against the use of the Lister method, for both cannot be adopted at the same time.

I think the best chance for this man is to leave him for a time in quiet. We often see bad cases thus improve. Half an hour of rest will probably give the patient more strength. This method is sometimes carried so far that the patient is left for twenty-four hours. On the second day the wound is found to be covered with a thick, dripping fluid, which is not blood, but fibrin in dense, stringy layers, dissolved in serum. This gives the patient a good chance, and although in opposition to the germ theory it is better in this case to take the risk of a short waiting. We will therefore leave the patient as he is.[1]

I recall one case which I saw some years ago, under the care of Dr. Buckingham. It involved a double amputation (which is rarely done at one operation) of the thigh of one side, and of the leg below the knee on the other. Both stumps were left open for twenty-four hours, and both healed. It was an expedient not to be despised, though the case itself was one of an extreme nature.

Old Dislocation of the Thumb. — The second case is one of dislocation of the thumb, six weeks old.

You see it is wholly unreduced. The head of the metacarpal bone protrudes under the skin in the thenar region. The phalanx is drawn upward and backward, and the thumb is much shortened. It is wholly useless, and the seat of neuralgic pain.

Even when recent this is a hard dislocation to reduce. The flexor tendons and the sesamoid bones get so displaced as to oppose reduction. In such recent cases subcutaneous section of the flexor tendons is sometimes resorted to. In this case too long a time has elapsed to hope for a reduction. I see no resort but to cut down and remove the projecting bone, and excise the joint, then replacing it on a splint.

We should expect anchylosis, but might get a false joint. Either would be better than the present condition. The operation here could be well done by the Lister method. The patient is not yet ready to assent to an operation, and we must therefore leave her as she now is.

Fracture of the Outer Condyle of the Humerus, and Anchylosis. — This boy, nine years of age, fell from a derrick three weeks ago, and struck the elbow of his right arm.

Notice the difference in the width of the two elbows. The olecranon processes are distinct and perfectly alike in both arms. They are therefore probably sound. The inner condyles also have their normal shape, but the outer condyle of the right arm is lost in a rounded swelling formed by callus, which exuded after the fracture at this point. For this reason the boy cannot bend the arm properly, neither can he entirely straighten it. As already mentioned, the olecranon and inner condyle are in place, and the radius rotates without crepitation. The outer condyle alone has been fractured. The arm has been kept on a splint, and is now immovable. In little children it is well, in case of fracture, to take off the splint at the end of the first week, and submit the limb to passive motion of slight degree, and again at the end of a fortnight. After a lapse of three weeks I usually remove the splint altogether, and use passive motion daily.

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[1] No hæmorrhage followed this operation, and the patient did well.

What I advise here as treatment is to shower the part with hot water, and use moderate passive motion. In this way I think the joint will recover a good power of movement.

Necrosis of Ungual Phalanx. — Five years ago, by a felon, this man lost the last phalanx of his index finger. Five months ago he bruised the end of the second finger, and there has since existed this open sore. The bone is entirely denuded of tissue, and, as it sometimes happens in felon, it will be necessary to remove the distal phalanx. In doing this I hope to save the nail. The proper incisions split the finger down through the pulp as far as the joint, both above and below the bone. Having made these cuts, I show you the previously denuded bone. I now trim the phalanx perfectly clean, and remove it entire. By this method I have preserved the nail and matrix above, and the pulp of the finger below. This is far better than removing them with the bone, for we have more length and a protecting nail. We now unite the parts by sutures, and pass a strip of plaster with moderate firmness over the nail and around the end of the finger.

Hysteria. — We have in the next room a woman who affirms she has a pin in her throat. This is probably one of those hysterical cases in which the condition is imaginary. This woman says the pin has been three weeks in her throat. If so it is a very quiet pin, for there has been no laryngeal spasm and no salivation, symptoms for which we naturally look when there is a foreign body in the air passages or œsophagus. We will keep this patient under observation for a day or two, and watch her. We do this before exploring the throat more roughly, which at present we are not justified in doing. Meanwhile we shall make a laryngoscopic examination.

Always distrust the reality of a case of foreign body in the throat when the patient, after the lapse of weeks, has no cough, no croup, no salivation, no abscess, and no emaciation.

[Note. This case was carefully examined by means of the laryngoscope, merely as a matter of duty. As suspected, no foreign body existed in the throat.]

TWO CASES OF CYSTINURIA.[1]

BY EDWARD S. WOOD, M. D.,
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The first of the following cases occurred in the Massachusetts General Hospital under the care of Dr. Minot, by whom I am kindly permitted to make use of the hospital record. The urinary examinations were all made at the laboratory of the Harvard Medical School, either by myself or by Mr. W. N. Swift.

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[1] Read before the Boston Society for Medical Observation, March 3, 1879.

CASE I. M. J., female, single, aged twenty-nine, born in Nova Scotia, entered the hospital May 3, 1878, with symptoms of acute rheumatism. She had rheumatic fever sixteen years ago, but has had no palpitation or dyspnœa since. Examination revealed a slight systolic murmur audible below the nipple, and also at the left edge of the sternum in the second interspace and over the third rib. Micturition was easy, and there were no symptoms to call the attention to the urinary organs.

May 7th. She became quite maniacal, and in the afternoon complained of pain in the lower part of the abdomen. Since then all of the urine passed has been bright red with blood. No clots.

May 9th. Urine smoky and red, acid, specific gravity 1024, urophæin, urea, and the phosphates increased, indican diminished, chlorides normal, and one per cent. of albumen; it contained a large amount of sediment which consisted of much blood, few granular casts, numerous pelvic epithelial cells, calcic oxalate crystals, and microscopic concretions of either uric acid or calcic oxalate.

Micturition became frequent, and but little urine was passed at a time. The patient complains of no pain except across the front of the abdomen on motion.

May 11th. Is perfectly rational, and states that after the attack of rheumatism sixteen years ago she had a similar attack of hæmaturia.

May 14th. Urine still rather high colored, alkaline, and with considerable sediment, in which were found numerous cystin crystals, with blood and pus corpuscles, pelvic and renal epithelial cells, and few hyaline and granular casts.

May 15th. Amount of urine three hundred and sixty cubic centimeters in twenty-four hours. It was acid, and the sediment contained a large amount of blood and pus, much bladder or vaginal epithelium, and numerous cystin and calcic oxalate crystals.

May 16th. The urine was red and smoky, acid, and specific gravity equal to 1035½. The clinical analysis gave the relative amount of the constituents as follows: both coloring matters and the phosphates much increased, urea increased, chlorides slightly diminished, and albumen 0.6 per cent. The sediment contained more pus and blood than on the 15th, numerous clumps of cystin, numerous calcic oxalate crystals, pelvic and bladder or vaginal epithelial cells, and hæmatoidin (bilirubin) crystals, which were first noticed by Mr. W. W. Gannett. The quantitative examination of the urine resulted as follows: —

Total amount of urine in twenty-four hours = 410 cub. cent.
" " urea " " = 16.810 grams.
" " chlorine " " = 1.369 grams.
" " P_2O_5 " " = 1.435 grams.
" " cystin " " = 0.013 grams.
" " albumen " " = 3.272 grams.

May 17th. No pain except across abdomen on motion, and in the region of the bladder after micturition. Amount of urine in twenty-four hours equals five hundred and ten cubic centimeters.

May 18th. No evidence of a calculus found on examination of the bladder; the interior wall feels somewhat rough and possibly sacculated.

May 21st. Amount of urine in twenty-four hours equals five hundred and twelve cubic centimeters.

May 23d. Three hundred and eighty cubic centimeters of urine in twenty-four hours, dark in color and alkaline. The sediment contained pus, triple phosphate, urate of ammonium, vaginal or bladder epithelium, and little blood. No cystin could be detected in the sediment, nor by evaporating a drop of the urine to dryness on a glass slide.

May 24th. Amount of urine in twenty-four hours equals four hundred and ten cubic centimeters.

May 25th. More pain in lower part of abdomen, micturition very frequent, scalding and painful, the pain lasting for some time afterwards. Urine alkaline when passed.

May 27th. Discharged at her own request.

In this case, in addition to the cystinuria, the presence of both the rhombic and feathery crystals of hæmatoidin (bilirubin) in the urinary sediment is worthy of notice. So far as I am acquainted with the literature of the subject there has been but one other case reported, although hæmatoidin has frequently been found in old blood extravasations in the kidney. In that case, which is recorded by Beale,[1] the crystals appeared in the urine two weeks after renal hæmorrhage resulting from an injury to the side. The only plausible explanation of their appearance in this case appears to be that in the former renal hæmorrhage, sixteen years before, an extravasation of blood into the renal tissue took place, which in the present attack became connected with the renal tubules, and the hæmatoidin was thus set free.

I have attempted to obtain a recent specimen of the urine and the subsequent history of the case, but have been unable to learn the whereabouts of the patient. It is, however, probable that the cystinuria has persisted to a greater or less extent, although the cystin may not be deposited as a sediment or concretion ; even if it is thus deposited, the concretions, which are very often of small size, are more liable to be passed without notice by females than males on account of the larger size of the urethra ; hence the greater frequency of the detection of the disease in males than females.

It is probable that the first report of the sediment in this case (May 9th), that is, that the concretions consisted of calcic oxalate or uric acid, is more or less erroneous, and due to a hasty diagnosis on my part, and that some of them really consisted of cystin.

The small amount of urine in this case is also remarkable, the quantity not exceeding six hundred cubic centimeters on any day during the entire period, the last measurement being made on the 24th, three days before her discharge.

The non-detection of the cystin in the sediment on the 23d, and, if my memory serves me correctly, on the 24th also, may be explained by the ammoniacal fermentation of the urine and decomposition of the cystin, although it may and frequently does occur in the sediment with triple phosphate, since it is not dissolved by the carbonate of ammonium ; yet it always disappears in a short time, being readily decomposed in ammoniacal urine with the evolution of sulphuretted hydrogen.

The coexistence of renal disease is rendered probable by the presence of renal casts in the sediment ; yet these may have been only temporary, and due to the congestion or following the hæmaturia. The presence of Bright's disease of the kidney could be detected with certainty only by subsequent examination of the urine.

Case II. P. M., aged thirty, a roofer by occupation, was born in Ireland. Family history good. His father and mother are both living, and have always been well. He has two brothers and two sisters in Ireland, and one brother and two sisters in this country, all of whom have always been free from any symptoms pointing to the urinary organs. Patient has a sallow complexion, but reports himself as being well and strong, except when in pain. His habits are good; he uses tobacco moderately, and never drinks to excess. His appetite is pretty good. His bowels are very apt to be constipated, and if he does not have a dejection for three or four days he is quite sure to have an attack of nephritic colic, accompanied, or usually just preceded, by gastric disturbance, with vomiting of bile. The stools are natural in color.

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[1] Urinary and Renal Diseases, page 389.

The attacks of pain began about five years ago, and he thinks that he has averaged about one a month during the past year. It is always on the right side, of the usual character of that in renal colic, and often lasting steadily for twenty-four hours. Some relief is obtained by bending over a hard surface, and pressing the clenched hand deeply into the abdomen at the seat of pain, when he states that sometimes he can feel a grating or "clicking." During the attacks, and usually for a short time afterwards, micturition is somewhat more frequent, and the amount of urine passed somewhat less than usual. At these times the patient keeps about his work if possible, since he thinks that he recovers more quickly than if he lies in bed. Micturition has never been suddenly interrupted, but the gravel is passed through the urethra quite easily and without pain.

The first intimation that he had "gravel" was by seeing a large number of the concretions upon a tin roof, upon which he had passed his urine. He has noticed that the urine is quite red (bloody) after the severer paroxysms. Drinking three or four glasses of ale has frequently been followed by an attack of colic. He drinks a large amount of water, and considers that he recovers from the colic more quickly when he drinks freely of water than when he does not.

In January, 1878, the patient first consulted Dr. Whittier at the out-patient department of the Massachusetts General Hospital, for symptoms of renal calculus; at this time the urine was examined with the following result: —

It was pale, slightly acid, specific gravity equal to 1007, and with a considerable amount of sediment. The urophæin, urea, and phosphates were diminished, the chlorine slightly diminished, and the indican normal. There was a slight trace of albumen. The sediment contained some pus and blood, an excess of epithelium from the kidney, pelvis of the kidney and ureter, and crystals and very small concretions of cystin. These concretions varied in size from microscopic aggregations of cystin crystals to that of the head of a large pin.

He was given dilute nitromuriatic acid, and directed to return and bring a specimen of his twenty-four-hour urine[*] and all of the calculi which he could collect; very little or nothing more was seen of him until March 4, 1878, when he brought what was reported to be the twenty-four-hour urine, but which he now tells me was not the total amount passed in twenty-four hours.

This urine was pale, acid, specific gravity equal to 1011½, and with considerable sediment. The urophæin, indican, urea, and uric acid were relatively diminished, and the chlorides and phosphates normal. There was a trace of albumen, and the sediment consisted of pus and blood, pelvic and renal epithelium, and cystin crystals. Quantitative analysis of the urine showed: —

Total amount of urine = 1420 cub. cent.
" " urea = 23.988 grams.
" " uric acid = 0.085 grams.
" " P_2O_5 = 1.420 grams.
" " NaCl = 5.680 grams.
" " cystin = 0.085 grams.

After this nothing more of importance was heard from him until February 23, 1879, when I saw him and obtained the above history and another specimen of the urine. This was about normal in color, acid, specific gravity equal to 1008½, and with a slight amount of sediment. The urophæin, urea, uric acid, chlorine, and phosphates were relatively diminished, and the indican and sulphates normal. There was a trace of albumen, and the sediment consisted of pus and blood, numerous cells from the pelvis and ureter, and few cystin crystals. The amount of urine passed at one micturition was six hundred and fifty

cubic centimeters, which was secreted in about two hours. This amount contained 7.475 grams of urea and 0.260 grams of P_2O_5.

This case is interesting as showing that inflammation of the pelvis of the kidney and ureter may exist for a long time without involving the kidney itself. No casts were detected in any of the specimens, and from the quantitative examination the kidneys appear to be doing the normal amount of work.

The symptoms and pathological appearances of cystinuria are only those which are secondary to the separation of the cystin from the urine in the form of concretions, which vary much in size, from mere microscopic concretions to that of large calculi, and may by their irritation produce inflammation of that portion of the urinary tract in which they are deposited. There are no symptoms of the formation of the cystin, and if dangerous complications do not arise the patient's life is not endangered. Thus, in one case, a man, forty years of age, had passed cystin gravel for thirty years, and another man, aged forty-nine, had had occasional attacks of renal colic for twenty years. Dr. Prout considered the disease to be associated with fatty liver, but I have met with only one case in which this association existed, namely, one reported by Ultzmann,[1] in which death took place about four weeks after removal of a cystin calculus by lithotomy, and the liver showed superficial yellow fatty spots. In this case neither cystin nor taurin could be detected in the liver, spleen, or kidneys. Scherer, however, found cystin once in the liver of a drunkard, and in one case, that of Marowski,[2] the cystinuria was considered to be a vicarious elimination of taurin, on account of the absence of bile in the intestine; in this case, however, the cystinuria was temporary, while the acholia was permanent. Bence Jones[3] reports a case of cystin calculus associated with granular degeneration of the kidneys. Mr. Luke also met with a case of extensive degeneration of the kidneys, and F. A. Southam[4] mentions one case in which there was abscess of both kidneys, and the ureters were thickened and dilated.

Hereditary predisposition appears to be the only known cause of cystinuria. There are so many cases now recorded of the existence of the affection in several members of the same family, that the influence of hereditary transmission cannot be doubted. Toel[5] reports the cases of two sisters. Of twenty-two cases collected by Poland ten occurred in four families. T. Pridgin Teale described its presence in three members of the same family, and Dr. Golding Bird has recorded its existence in the same family in three successive generations. Marcet describes it in two brothers, and other cases also are reported.

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[1] Wiener med. Wochenschrift, 1871, Nos. 13 and 14.

[2] Deutsches Archiv f. klin. Med., iv. page 449.

[3] Medical Times and Gazette, July 8 and 22, 1865.

[4] British Medical Journal, December 23, 1876, page 817.

[5] Annalen der Chemie und Pharmacie, vol. xcvi. page 247.

Of fifty-two cases collected by Niemann,[1] thirty-seven were males, fourteen females, and one not mentioned, and of these fifty-two cases the age was recorded in thirty-five, as follows: —

	Males.	Females.
From 1 to 10 years	5	0
From 11 to 20 years	3	2
From 21 to 30 years	9	3
From 31 to 40 years	7	0
From 41 to 50 years	4	2
	28	7

Cystinuria, therefore, is met with in infants and adults; it is rarely seen in old age. Occupation and condition in life appear to have no influence, and no constitutional condition seems to cause it, many of the cases recorded occurring in persons in perfect health. Some authors have associated cystinuria with rheumatism, and Salisbury distinguishes a uric, oxalic, phosphatic, and cystic rheumatism, but in most cases there is no trace of rheumatism. One of the cases reported above was associated with acute rheumatism. Anæmia and chlorosis are frequently present, and appear to be more the effect than the cause of the cystinuria.

The cystin is probably not formed in the kidney, but is only eliminated by it, since Dewar and Gamgee[2] found it in the sweat, and silver coin carried in the pockets of cystinuria patients is very quickly blackened by the sulphuretted hydrogen evolved, a fact which should always lead to the examination of the urine for cystin.

Bence Jones[3] considered it to be a disease of diminished oxidation; that it is a diathesis like the uric and the oxalic, both of which products of diminished oxidation may be present in the urine together with cystin; and that cystin has the same relation to albuminous food that grape sugar does to the amylaceous. Under normal circumstances it is probably oxidized to urea, carbonic and sulphuric acids.

The diagnosis of cystinuria can only be made with certainty by an examination of the urine. When cystin exists as a concretion, it is also usually found in the sediment in the form of colorless hexagonal plates, the angles of which measure one hundred and twenty degrees, or single quadrilateral prisms or groups of prisms. It also occurs in solution in the urine, and can for the most part be precipitated by acetic acid; the amount of cystin in the sediment is increased by acid fermentation of the urine. It decomposes in the urine readily, and its decomposition is attended with the evolution of sulphuretted hydrogen, since it contains twenty-six per cent. of sulphur. Its amount in the urine undergoes considerable variation at different times, and it may temporarily disappear. Any condition which diminishes the oxidizing power of the system may increase its amount. The urine always contains more sulphur (not in the form of sulphuric acid) than under ordinary circumstances; this can readily be detected, even when no cystin can be found, by rendering the urine strongly alkaline with potassic or sodic hydrate, and boiling the mixture with one or two drops of a solution of acetate of lead, when a black precipitate of sulphide of lead will be formed immediately. Albumen, blood, and pus will give the same reaction, and must first be separated from the urine in the usual way, by boiling with acetic acid and filtering. Beale and Bartels found that the night urine contained more cystin than the day urine, and that its amount was increased by physical exercise.

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[1] Deutsches Archiv f. klin. Med., xviii. page 232.

[2] Journal of Anatomy and Physiology, 1870, ii. page 142.

[3] Loc. cit.

The amount of urine passed in cystinuria is usually slightly increased, but sometimes it is much increased, and sometimes diminished. In Bartel's case one thousand and seventy-eight cubic centimeters was the average amount of eight days, and in Ultzmann's case three thousand cubic centimeters was the average. The urine is, as a rule, acid, of a pale yellow color, sometimes has an oily appearance, has a specific gravity of about 1015, and a considerable amount of a whitish sediment, which usually contains cystin crystals with or without those sediments found in inflammation of the urinary tract, according as such inflammation exists or not.

One peculiar feature of almost all cases is the great diminution in the amount of uric acid. This has been frequently noticed. Strohmeyer mentions it; Prout in both of his cases speaks of it, — in one there was only a mere trace, and in the other only 0.0016 per cent.; Venables found only a trace; Willis and Ivanchich found it absent; in Beale's case in one specimen, when only a trace of cystin was present, the uric acid amounted to 0.05 per cent., and in two other specimens, when cystin was present, the uric acid was absent; in Bartel's case alone the uric acid was abundant; in Niemann's case the mean of three estimations gave 0.007 per cent. of uric acid.

Another peculiar feature of cystin urine is that the sulphuric acid increases with the increase of the cystin, and *vice versa;* this was shown by Niemann's analyses. The daily amount of cystin in his case was from 0.42 to 0.59 grams.

In Loebisch's case,[1] that of a healthy medical student aged twenty-four, the amount of urine and urea was about normal; the uric acid amounted to 0.5445 grams, the cystin to 0.393 grams, and the SO_3 to 2.439 grams, which was the average for ten days. On one day the phosphoric acid amounted to 3.01 grams, and the salt to 11.08 grams. In three hundred cubic centimeters of the urine the biliary acids were readily detected by Hoppe-Seyler's method.

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[1] Annalen der Chemie und Pharmacie, vol. clxxxii. page 231.

The treatment should be aimed at increasing the oxidizing power of the system. If the disease is associated with anæmia and chlorosis the iron preparations are indicated. Prout recommended the long-continued use of nitromuriatic acid, which our patient considered was of much benefit to him. Bartels, however, found it of no value after two months of steady use. He considers that, since the only danger lies in the tendency to form concretions, and since we cannot prevent its formation, the indication is to furnish solvents for it by giving diluent drinks; and in his case, in which, however, the amount of urine passed was habitually small (one thousand and seventy-eight cubic centimeters), the patient was free from danger when the amount of urine was increased by Seltzer water to fourteen hundred or fifteen hundred cubic centimeters.

Alkalies, although dissolving cystin, should not be used, since the cystin is sometimes deposited in alkaline urine, and since the earthy phosphates, which are sure to be separated by alkalies, may be deposited upon and increase the size of a cystin concretion already existing.

THE PSYCHOLOGICAL AND PATHOLOGICAL NATURE OF GENERAL PARALYSIS AND ITS TREATMENT.

BY EDWARD C. MANN, M. D.,

Superintendent Sunnyside Medical Retreat for Mental and Nervous Diseases, Washington Heights, New York; Late Medical Superintendent New York State Em. Insane Asylum.

Psychology. — It is doubtless true that in certain states of the brain, mental action or the actions of the higher centres of the brain may at times become automatic, and may be performed without even the intervention of consciousness. A constant repetition of any given mental action causes it to become organically registered in the brain centres; so that while at first a series of thoughts are performed consciously by the individual, they ultimately become reflex, responding to the recognized stimulus without consciousness, and independent of any effort or intervention of this condition. It is owing to injury of this mind power that we must look for an explanation of the mental symptoms of general paralysis.

Two classes of mental actions will necessarily be involved in this disease: first, those which are of so recent an origin as not to have become organically registered; and second, those which are still unable to be performed without conscious interference. One of the most powerful instincts or ideas in the human mind is the importance of self. In a healthy state we draw up and surround ourselves with an ideal self, which, if we are healthy minded, finds no expression. If the power to which all mental processes are due be impaired, those actions, amongst others, will be affected which are the most detailed and elaborate, the most varied, the least rigidly defined, and the least organically registered. Of all mental processes, those involved in the consideration of self are at once the most general, extensive, changeable, and complicated, as well as the most vague and undefined. Self occupies in the mind the widest, most frequent, and most capricious attention. As in general paralysis this mind power is the seat of the main lesion, the psychical processes concerned in the consideration of self will be the first implicated, and will present the most prominent symptoms. In general paralysis, the ideal self runs riot, — the man, not as he is, but as he has pictured himself, and as he would have himself be. In the inception of his disease the patient feels himself "bang up" and "perfect;" everything is "elegant" and rose-colored. His wealth is unbounded, and he orders "a million" cigars and palaces built of gold and diamonds with the utmost indifference and nonchalance, thoroughly believing in his capacity to do all these things. The patient's delusions are markedly progressive in number, absurdity, and exaggeration. Being rather feeble, he imagines himself capable of immense sustained exertions. In general paralysis, the mental processes which are the most automatic are the last to be affected; the patient entertains perfectly reasonable ideas about his actual self, and, although possessing thousands of ideal dollars and estates, will tell you correctly that he earns but ten dollars per week, as this idea has, from frequent and constant repetition, become automatic. In the same manner, a patient under my care tells me correctly that his suit of clothes cost fifteen dollars in London, and in the same breath says that he has ordered a silk velvet suit with diamond buttons. At the present moment he considers his health perfect, but acknowledges that in the past he has had many sicknesses and infirmities. Matters of recent occurrence which have not had opportunities for repetition, and so have not become organically registered and automatic, and which therefore involve consciousness, are far more dependent upon mind than matters of earlier date which have been so frequently repeated as to acquire automaticity. For this reason, patients suffering from general paralysis, while stating with accuracy events and detailed accounts of the past, can give but a very vague and confused history of the events of the past few days or weeks. This defect in memory is consequently one of the most noticeable symptoms in the early stage of the disease, and we notice it particularly in persons of methodical habits. Leaving this interesting field of the psychology of general paralysis, we proceed to notice its pathology.

Pathology. — The pathology of general paralysis is very obscure, and invites especial attention at the hands of the profession. The fundamental lesion of this disease is, in the writer's opinion, a general diffused interstitial encephalitis which involves accessory structural changes of different character. The posterior columns of the cord are also not unfrequently affected. The primary and most palpable form of the interstitial degeneration is colloid, where the transformed matter is presented under the aspect of a hyaline substance, semi-transparent, slightly refractory, and at certain points of a bluish tint. When existing in isolated masses of small size, it preserves the form and aspect of whatever cerebral elements it may have invaded. This product of inflammation does not appear to be at all of a tubercular nature, neither is it fatty, being insoluble in ether or chloroform. It is not amyloid, because it is unaffected by tincture of iodine, solutions of potass and soda, and is dissolved in strong acetic acid. It is not organic, as there is no reaction with hydrochloric acid. Its solubility in hot water, especially when potass or soda is added, would seem to indicate a peculiar chemical composition. When we examine the cerebrum as the principal seat of paresis, we find the ependyma of the ventricles to be the centre, or perhaps one of many centres, of that destructive process which is indicated by the symptoms of general paralysis, which affects all parts of the encephalon, and produces those secondary pathological appearances which have previously been identified as the cause of the disorders of motility and sensibility which follow. The progress of the morbid degeneration from the point where the ventricles have become dilated, their ependyma thickened, where their surface, especially in the fourth ventricle, is covered with granulations, is probably upwards along the connective, involving all tissues as well, and is gradual and insidious, and can be traced only by means of the more advanced alterations in structure. This interstitial irritation, however disseminated, is propagated by nuclear proliferation, and invades the white matter in common with the cortical substance, and also the capillaries, which are thickened, tortuous, and massed together. The cells of the cortical portion are sometimes found infiltrated with granulations, but retaining their form. This is found in the third stage of the disease. It is in the middle and inferior portions of the gray matter that the cells are observed to have brilliant nuclei tending towards colloid, while their normal aspect is preserved. The walls of the cell nearest the lesion are transformed into a shining, refractory hyaline substance, the colloid infiltration having been propagated to both. The microscopic as well as the naked-eye appearances, may arise first in the brain, and subsequently in the medulla and cord, or they may appear first in the cord and medulla, and afterwards in the brain; and they may also show themselves simultaneously. If the brain be primarily attacked, the psychical signs predominate, or are exclusively manifested. If the medulla be the primary seat of the disease, muscular pain, tremor, and ataxic symptoms, spreading gradually to the lips and tongue, and disturbance of the internal viscera corresponding to the portion of the spinal column involved, precede alienation and increase the difficulty of diagnosis. Finally, when the whole cerebro-spinal axis participates at once in the colloid degeneration, the characteristic indications of paresis will appear simultaneously or in rapid succession. It is important for us to bear in mind that the colloid degeneration is sometimes absent, and that we occasionally meet with it in brain disease which is only remotely connected with paresis.

I will now cite as concisely as possible the opinions of the highest authorities relative to the pathology of the disease under question.

Bayle designated the disease chronic arachnitis. Calweil considered it a diffuse chronic meningeal encephalitis, and held that it was of inflammatory origin. Baillarger observed two sets of anatomical alterations: congestion of the membranes and chronic hydrocephalus, with atrophy and softening of the brain. Brunet and Lancereaux speak of a neo-membrane or a pachymeningitis, the formation of which they explain by the exudation of a parietal layer from its walls, which is insensibly organized, and which bears the marks of fatty degeneration. The rupture of these vessels leads to the occurrence of arachnoid cysts. Erlenmaye explains the atrophy, which has been noticed, by the successive and repeated effusions of serum, the nervous elements being replaced by an amorphous substance. Frerichs considers the induration of the gray matter as connecting the pathological condition with sclerosis. The alterations in the white matter consist of hardening or softening, and increase of the fluid of the ventricles. M. Luys, who, by the way, is a very able investigator, believes that in the softening of the cortical substance of the cerebellum may be discovered the source of general paralysis, but Magnan asserts that this conviction of M. Luys is founded on exceptional cases. M. Luys gives as the result of his microscopic investigations the following results, namely, the vessels of the pia mater are of considerable size, the walls of the capillaries are incrustated with granulations, and the surface of the pia mater presents scattered cell granules and molecules and extravasated blood globules. The gray substance is greatly developed, with palpable vascular arborizations, often in the form of a plexus. The calibre of the capillariesis, almost always contracted by the incrustations of minute granules, or by cells deposited chiefly at the bifurcations. They are of irregular shapes, and often break down and discharge their contents. The nerve tubes are malformed, their contents escape, and they present little more than a mass of *débris*. Rokitansky has detected three distinct pathological appearances: first, a mass of connective tissue which embraces in its net-work the nervous element, and in chronic cases is stiff, fibrous, and induces adhesions of the pia mater; second, the varicose and broken condition of the tubes, while the cells appear swollen; third, the presence of amyloid or colloid bodies. Wedl's observations on these points are as follows: that contraction of the capillaries and small blood-vessels of the cells upon their walls leads to obliteration, their conversion into bands of connective tissue, and the consequent impairment of the nutrition of the part. Dr. Ertzbischoff attributes the hyperæmia of the cortical layers to the extreme development of the embryoplastic element in the capillaries, which, by compressing the vessel without and within, diminishes and ultimately destroys the cavity. This stasis necessitates granulation and adhesion. The majority of German pathologists localize the disease in changes of the walls of the vessels, and in the development of the connective tissue. Meschede sees the essential characteristics of paresis in the degeneration of cerebral cells, especially those of the cortical substance, which he depicts as of abnormal shape, and filled and surrounded with fatty and pigmentary granulations. Lockhart Clarke speaks of the conversion of the cells of the convolutions into pigmentary bodies, irregularly shaped and about to break up. Contemporaneously with this change, the spinal marrow, especially in chronic cases, is softened to the consistency of cream, or there may be a granular degeneration in the gray matter of the cord. In some cases Westphal has discovered granulation in the posterior column of the cord which did not extend higher than the peduncles of the cerebrum, so that the alteration could not be regarded as secondary or proceeding from the pathological condition of the convolutions.

The course of paresis generalis may very properly be divided into four stages: first, that of delirium, with or without slight physical lesions. Second, that of defective coördination of movement, exaggerated sentiments, alterations in the secretions, with continued delirium. Third, that of special dementia, with greater stupidity and degradation than in other forms, control of muscles diminished, habits dirty. Fourth, perception of impressions by external senses abolished, insensibility to pain, extinction of functions of relation and organic life, disturbance in circulation, complete adynamic ataxy, and marasmus. Optimism and ambitious ideas, as I remarked in the first part of this paper, constitute the essential mental characteristics. Previous to the establishment of thorough delirium or delusions there may be traced deviations from healthy mentalization, which, though faint or latent, should be accepted as prodromata. There is probably no doubt that the gradual evolution of physical and psychical symptoms corresponds intimately with structural alterations in the nervous centres. The employment of galvanization of the brain and cervical sympathetic with good results in some cases of general paralysis, has suggested to the author the following question: ***Whether some of the principal changes occurring in paresis may not have their origin in a congestion originating in the ganglia of the sympathetic, transmitted along the spinal cord, ultimately involving every tissue within the cranium, and eventuating simultaneously in the degeneration of blood vessels, cells, and nerve tubes, and the men-***

tal and motor perversions which in so marked a manner distinguish general paralysis from all other diseases of the same class.

The diagnostic symptoms of general paralysis, aside from the exalted notions, are difficulty in articulation, with a trembling of the tongue when it is protruded beyond the teeth, often a turning of it to one side, and a general inability to use it freely, as if it were too large for the mouth, or too heavy for use, very flabby, and easily indented by the teeth; a peculiar dragging of one of the feet or legs; added to these symptoms will be found a heavy, dull expression of countenance, an unusual appearance of the eyes, and almost invariably an unequal contraction of the pupils. It requires close observation to detect these symptoms in the early stages, and careful treatment may relieve them temporarily; but although we may retard the issue of the disease by watchful care and skillful treatment, it inevitably advances insidiously to paralysis of the tongue and limbs, and enfeeblement of the mind. In the last stage, which sometimes lasts for years, emaciation succeeds obesity. Sometimes there is intense restlessness, but generally we find lethargy of body as well as of mind, this lethargy being disturbed by twitchings or epileptiform convulsions. These often terminate life, but the most frequent causes of death are sheer exhaustion and tubercular disease. With regard to the condition of the retina in general paralysis, we find the nerve changes generally proportionate to the contraction and dilatation of the pupils: the contraction of the pupils corresponding to the early or hyperæmic stage, and the dilatation of the pupils to the white atrophic condition of the optic disc. With regard to the temperature, I have noticed as an unvarying symptom that there is always a higher temperature in the evening than in the morning, seldom less than the difference of one degree, and by the thermometer we may discover the progress of the disease when we cannot do it satisfactorily by any other means. In sleepless and destructive patients the temperature is higher than in quiet cases. We may consider the average duration of general paralysis to be about thirteen months, very few patients living more than three years after the development of well-marked symptoms.

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THE EFFECTS OF AN OVERDOSE OF GELSEMINUM SEMPERVIRENS.[1]

BY F. W. GOSS, M. D.

SEPTEMBER 10, 1878, at eleven A. M., a lady of nervous temperament and subject to neuralgic headache, mistaking the dose, swallowed a teaspoonful of Metcalf's fluid extract of gelseminum. One hour later she became alarmed on account of dimness of vision, drooping of the lower jaw, and some tingling in the extremities, which had supervened and were becoming more marked. Her regular attendant being absent from the city, a homœopathic practitioner was called in. He saw her about 12.30 P. M. What treatment was pursued I do not know, but an emetic was not administered, because, as was stated, the medicine having been taken on an empty stomach an hour and a half previously, it was probable that it had already been entirely absorbed.

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[1] Read before the Boston Society for Medical Improvement, October 14, 1878.

I saw the patient first at 4.30 P. M., five and a half hours after the ingestion of the overdose. She was entirely conscious, but believed herself to be dying. She said she had not been at all relieved of her distressing symptoms, and that in the last hour she had become much worse. About 3.30 she had attempted to eat part of a cracker, and found great difficulty in swallowing it. The loss of power over the jaw had from that time much increased, and at frequent intervals there was a feeling of faintness. As before stated, the mind was clear, but the speech was very thick; the tongue stiff; the lower jaw dropped, so that the mouth stood wide open; the eyesight was dim, so that she could not distinguish the countenances of those about her, the pupils widely dilated and not responding to light; the pulse 132, feeble; respirations 27, regular. There were no abnormal sensations about the extremities, although earlier there had been slight tingling in them. It was a comfort to her to have her jaw supported by the hand of an attendant.

I gave some carbonate of ammonia, and ordered the dose to be repeated every five minutes, while I went for an electric battery. On my return, at five P. M., the patient said she could swallow with a little less difficulty, and the drooping of the jaw seemed not to be quite so marked. I applied the handles of the battery to the sides of the face, and to the chin along the lower jaw. The sensation of the current was very agreeable to the patient, and in a short time the power to elevate the jaw was being rapidly regained, and the other sensations were becoming less disagreeable. At 5.20 P. M. the pulse was 120, and the pupils were less dilated; at 5.45 the pulse was 104, and the symptoms were much relieved. The use of the battery was then discontinued, it having been employed most of the time during the previous three quarters of an hour. The carbonate of ammonia was ordered to be taken less often. The next morning, September 12th, the report was that the patient had passed a restless night. Her eyesight was better, but it became somewhat dim on using the eyes, and her jaw drooped a little from talking. During the next twenty-four hours she had three attacks of epistaxis, moderate in amount. The bleeding seemed to relieve her head of pain and of a feeling of constriction. No other symptoms worthy of remark occurred. The patient was up and about in a day or two.

Probably if nothing had been done to counteract the effects of the overdose, it was not sufficiently large to have proved fatal, but it did produce marked symptoms and caused great alarm to the patient. The use of the battery seemed to give speedy and marked relief. I was led to employ it from reading an article by J. T. Main, M. D., published in the JOURNAL for April 15, 1869. Dr. Main states that, having through mistake taken one drachm of the fluid extract of gelseminum sempervirens, he immediately started to see a patient residing some eight miles away. Before arriving he became nearly blind. There was paralysis of the flexor muscles of the hand and arms, and loss of power in the extensors. Sensation in the hands and arms was also blunted. These and other symptoms were relieved at once by the use of the galvanic battery. The poles were applied to the hands. My patient found greater relief when they were applied over the lower jaw.

In the same journal for February 9, 1871, Dr. J. G. Pinkham reports a case of poisoning with gelseminum which nearly proved fatal. In this case there was a general feeling of numbness and oppression, followed by double vision, loss of sight, paralysis of the muscles of voluntary motion, with complete insensibility to all external impressions. The paralysis of those muscles whose function it is to elevate was more persistent than that of any others. It was stated that but forty drops of the fluid extract had been administered, but the reporter says that he placed no reliance upon the statement as to the amount, and that probably much more than forty drops had been taken.

In the same publication for October 1, 1874, Dr. J. T. Boutelle reports a case with a fatal result from an overdose of gelseminum. The patient, a male, aged twenty-four, at one A. M. took a teaspoonful of Tilden's fluid extract of gelseminum, and in about fifteen minutes repeated the dose. Toxic symptoms came on in half an hour, and the patient died at 4.45 A. M. The autopsy showed the blood to be very fluid and dark colored, with no tendency to coagulate or to turn red upon exposure to the air. The heart, lungs, spleen, and kidneys were normal. The liver was dark colored and contained much fluid blood. The stomach contained a quantity of light-colored fluid mixed with glairy mucus, and its internal surface was deeply congested and marked by tortuous, dilated vessels. Intestines normal. Brain rather pale. Sinuses not congested. The internal substance of the cerebral lobes was dotted here and there with small red points, but these were not sufficiently large or numerous to be considered of much pathological importance.

RECENT PROGRESS IN OBSTETRICS.

BY W. L. RICHARDSON, M. D.

Treatment of Pregnancy complicated with Cancerous Disease of the Genital Canal. — In the last volume of the Transactions of the Obstetrical Society of London (vol. xx., 1878), Dr. G. Ernest Herman has a most valuable article on this serious complication of pregnancy. It is based upon a careful study of one hundred and eighty cases. The general conclusions with which the writer closes the article are as follows: —

(1.) That whatever influence cancer of the uterus may have upon conception is adverse to its occurrence.

(2.) That cancer of the uterus tends to produce the intra-uterine death and premature expulsion of the fœtus.

(3.) That the growth of cancer of the uterus is, as a rule, accelerated during pregnancy.

(4.) That with cancerous disease affecting the whole circumference of the os uteri labor may be quick and easy, and the patient may recover well, and live for months afterwards.

(5.) That when delivery under such conditions is accomplished by natural efforts, expansion of the cervix usually takes place by fissuring.

(6.) That this fissuring does not usually augment the risk to the mother.

(7.) That imitation of this natural process, by making incisions, neither increases the danger at the time nor accelerates the progress of the disease subsequently, and that it often greatly facilitates delivery.

(8.) That the cases in which the cancer forms a tumor of great size or hardness are the ones in which delivery by natural efforts will not take place.

(9.) That where the above characters are absent, no definite criteria can be drawn from the local conditions by which to foretell the behavior of the cervix uteri during labor.

(10.) That where delivery of a living child *per vias naturales* is impossible, such limited experience as we have shows that there is but little difference, as to risk to the mother, between craniotomy and Cæsarean section.

He also draws the following conclusions as to proper practice to be adopted in dealing with such cases: —

(1.) That where it is possible to remove the disease, either during pregnancy or at the time of labor, it ought to be done.

(2.) That where this cannot be done the safety of the mother is best consulted by bringing the pregnancy to an end as soon as possible.

(3.) That, when labor has actually come on, expansion of the os uteri should be aided by making numerous small incisions in its circumference.

(4.) That dilatation of the os uteri being in progress, if uterine action should be deficient, and it becomes necessary to accelerate labor, the use of the forceps is, as a rule, better than version.

(5.) That when dilatation of the cervix cannot take place, even after incisions have been made, either from rigidity or magnitude of the tumor, Cæsarean section should be performed.

Comparative Danger of First Labors. — Dr. J. G. Swayne has recently read before a branch of the British Medical Association a valuable paper,[1] in which he endeavors to answer the question whether first labors are more dangerous than others. His opinions are based upon a careful examination of ten hundred and twenty-two cases which have occurred in his own private practice. Of these two hundred and thirty-one were primiparæ, and seven hundred and ninety-one multiparæ. No mother died among the former, while five of the multiparæ were lost. The causes of deaths were as follows: In one it was heart disease, which existed previous to the labor, which became worse after delivery, and terminated fatally on the twenty-seventh day; in another it was puerperal scarlatina, proving fatal on the fifth day; in another ruptured uterus; in another pneumonia, commencing two days before labor, and ending in death six days afterwards; and in the fifth convulsions, which proved fatal a few hours after delivery. Thus the proportion of maternal deaths in the multiparæ was about one in one hundred and fifty-eight, whilst in the primiparæ there was no death in two hundred and thirty-one cases, a difference greatly to the advantage of first labors.

As regards the children, however, the difference was slightly the other way: in the two hundred and thirty-one first labors the deaths of eighteen infants are recorded, or about 7.8 per cent., whilst in the seven hundred and ninety-one multiparæ forty-seven infants died, or about 5.9 per cent.

A careful examination of the cases in detail show some interesting facts which characterize first from other labors. In primiparæ, owing to a prolonged first stage, the uterus is more exhausted, and forceps are more frequently demanded. Thus in two hundred and thirty-one primiparæ Dr. Swayne used forceps fifty-two times, or nearly one in four, whilst in the seven hundred and ninety-one multiparæ they were employed only twenty-five times, or nearly one in thirty-one. Hence come a larger number of deaths of infants from the pressure during the prolonged labor. In first labors the rigidity of the soft parts of the mother gives rise to an increased danger in cases of presentations of the inferior extremities. In the two hundred and thirty-one primiparæ there were six breech presentations, in four of which the child was still-born, whereas in the seven hundred and ninety-one multiparæ there were fourteen such cases, and only two children lost. Among the multiparæ the greatest cause of infant mortality was premature birth, from which cause there were eighteen deaths; among the primiparæ there were only three. Post-partum hæmorrhage occurred about equally in both classes, but the amount of blood lost was far greater in the multiparæ. There were eleven cases of twins among the multiparæ, and only one among the primiparæ. There is unquestionably much greater suffering among primiparæ than among multiparæ; on the other hand, the former are, as a rule, younger and in better health and stronger. Rupture of the uterus occurs much more frequently among multiparæ. Dr. Swayne closes his paper with the conclusion that first labors are less dangerous than others to the mother, but slightly more so to the infant.

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[1] Obstetrical Journal of Great Britain, May, 1879.

Value of the Expression Method in Head Presentation. — Professor Bidder (St. Petersburg) believes [1] strongly in the value of this method of effecting a delivery, and considers that the method has fallen into disrepute only because practitioners have not properly used it. In cases where there is simply a lack of expulsive force he thinks this procedure should take the place of the forceps. It should be used, however, only during the second stage. The hand should be applied on the upper part of the fœtus, and the pressure should be directed in such a way only as to be in the line of the fœtal axis. The hand should first be properly applied, and then the pressure should be steady, great care being taken that no friction whatever is used. The writer gives an account of eighty-one cases in which this method was successfully adopted. Of the mothers, thirty-four made a perfectly normal convalescence; there were slight deviations from a normal recovery in the case of thirty-eight, while seven became very sick, and two cases terminated fatally. By way of comparison he cites the record of seventy-five simple forceps cases. In all the forceps were applied when the head was low down or on the perinæum. Of these thirteen made a normal convalescence; thirty-four were slightly ill, twenty seriously, and eight died. This method of procedure can be resorted to as soon as the head has emerged from the os and the membranes are ruptured. It is not liable to cause any inflammatory condition of the uterus, and is, in his opinion, less apt to give rise to septicæmia than in cases where forceps are used, inasmuch as there is a less liability to any injury of the soft parts.

Causes of Sudden Death in Puerperal Women. — At the last meeting of the American Medical Association, Prof. Edward W. Jenks (Detroit) read a paper in which he discussed at length the various causes which give rise to sudden death in puerperal women. These causes he considered due to lesions of the circulatory, the respiratory, or the nervous system, or to puerperal septicæmia. The latter cause is especially prominent, since many lesions of the various systems mentioned owe their origin to a septic poisoning. Of the divers valvular lesions, mitral stenosis is by far the most dangerous. Endocarditis, old or new, if existing in a woman at the beginning of pregnancy, is extremely liable to be rekindled by the changed condition of the blood during pregnancy, and the result is ulcerative endocarditis. Arteritis is a very rare cause of sudden death, while phlebitis is a very common one. The introduction of air into the uterine sinuses is a most certain cause of sudden death. Any uterine relaxation will leave the mouths of the uterine vessels open; air enters, and the next uterine contraction may force it into the venous circulation. While this is almost a certain cause of death, it is, fortunately, a very rare one. Formerly puerperal eclampsia was a frequent cause of sudden death, but so much has of late years been learned as regards the nature, origin, and treatment of this disease that the death-rate has been reduced from thirty-two to fourteen per cent. during the last twenty years.

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[1] Zeitschrift für Geburtshülfe und Gynäkologie, iii. 2, 241.

Ovarian Pain in Pregnant Women. — Dr. Budin[1] calls attention to a vivid pain sometimes produced during the latter months of pregnancy and during labor by a very moderate amount of pressure made on the abdomen in the vicinity of a line drawn from the umbilicus to the anterior-superior spine of the ileum, sometimes a little above and sometimes below this line, and at a distance varying from ten to fifteen centimetres from the umbilicus. The pain is occasionally so sharp as to cause exclamations, and even to make the tears start from the eyes. At the seat of this pain, which never occurs spontaneously, a movable body may be felt, resembling in shape and size the ovary. Its presence is most usually felt on the left side, the existence of some resisting surface — usually the back of the fœtus — being necessary in order for the body to be felt and the pain to be excited. In some cases this can be done only during the contraction of the uterus. Dr. Budin thinks it possible that this "ovarian pain" has been confounded with a certain form of neuralgia, which several authors have termed rheumatism of the uterus, and with the pain sometimes caused by the pressure of the head on the uterine wall. At times it is very easy to distinguish also the round ligament, but pressure thereon causes no pain. None of the patients in whom this tenderness has been discovered were hysterical.

[1] Progrès médicale, ix.; Medical Times and Gazette, April 26, 1879.

PROCEEDINGS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

T. M. ROTCH, M. D., SECRETARY.

MARCH 29, 1879. Eighty-five members were present. DR. C. D. HOMANS in the chair.

A Case of Cystinuria, with Renal Calculus. — DR. WILLIAM F. WHITNEY read the case: —

The patient, an Irishwoman, aged thirty-one, without hereditary predisposition and of previous good health, suffered at three times during the past year from attacks characterized by severe pain commencing in the right lumbar region and passing towards the bladder. The attacks were accompanied by hæmaturia, and twice a calculus was discovered to have been passed. The last of these attacks, for which she sought advice at the Boston Dispensary, continued from February 1 till February 6, 1879, with only twelve hours' relief from pain, while the calculus appeared to be in the bladder. The calculus, the only one preserved, is of conical shape, with a rounded base, fawn-colored, with a rough crystalline surface. It measures seventeen mm. in length, nine mm. at the broadest part, and weighs 1.25 grms. On section a central nucleus is seen, with short lines radiating towards the periphery. A microscopic examination showed the roughness to be due to crystalline formations, on which the angles of a hexagon were here and there to be distinguished. A portion of the calculus placed on platinum foil over a lamp burned with a bluish flame and a stifling odor, resembling a little that of arsenic. A portion dissolved readily in ammonia, carbonate of soda, hot hydrochloric and nitric acids. To the solution in carbonate of soda acetic acid was added, when a precipitate was formed composed of small, transparent, hexagonal plates. On evaporating the solution in hydrochloric acid, bundles of prismatic crystals were found. To a portion dissolved in caustic soda was added a solution of acetate of lead (to which caustic soda had been added till the precipitate first formed was dissolved), and the whole boiled, and a black precipitate showed the formation of sulphide of lead and the presence of sulphur in the substance under examination. These are the characteristic reactions of cystic oxide or cystin.

Later, two quantitative analyses of the urine were made by Mr. Harrington, under Dr. E. S. Wood's direction, with the following result: —

	I.	II.
Amount of urine	2450 cc.	2340 cc.
“ “ urea	36.75 grms.	28.08 grms.
“ “ uric acid	0.441	0.305
“ “ sulphuric acid	——	1.649
“ “ cystin	0.0685	0.077
“ “ chlorides	13.75	14.742

The diminution of uric acid which is said to be noticed in this disease is not marked here, and would not be expected, as the amount of cystin is small, — seven centigrams. But this small amount of cystin shows the disease to be quiescent, and the absence of all marks due to friction on the calculus point to the probable absence of any other in the right kidney, and give assurance to the patient of freedom for the present from a recurrence of her attacks. The specimen is to be given to the Warren Museum.

Cases of Midwifery. — DR. JAMES AYER began a paper reviewing two thousand cases of midwifery, which is to be continued in April.

Conservatism in the Medical Profession. — DR. DAVID HUNT read a paper bearing this title.

Sarcoma of Leg. — DR. WILLIAM S. BIGELOW exhibited a leg amputated by Dr. C. B. Porter at the Massachusetts General Hospital. The patient, a woman sixty years of age, received, four years ago, a blow on the calf of the leg; at the seat of injury a small subcutaneous swelling appeared, which did not change for four years, but then began to grow rapidly. It now involves the muscles of the calf to some depth, and is the size of a small cocoa-nut. Microscopical examination shows it to be a large, round-celled sarcoma, with some spindle cells; the central part is more fibrous, and gives evidence of advancing retrograde metamorphosis. There are also several small cysts which are filled with a yellowish fluid. The leg was amputated on account of the size and rapidity of growth of the tumor.

Old Impacted Fracture and Dislocation of the Femur. — DR. W. C. BLAISDELL reported the following case: —

Mr. S., aged sixty-seven years, during his minority worked on a farm. When about twenty years old had a fall from a haymow. A physician was sent for, who ordered a powerful cathartic and a few days' rest. At the end of a fortnight he was told to resume work, that he was all right, and his employer wanted no idle ones about. In two or three days after, he was set to work swinging a scythe. Complaining of not being well, and suffering much pain, the satisfaction that he received was that he must work. I had seen him often, the last years of his life, limping about the streets The accident already spoken of and an attack of pneumonia about two years before his death were all of which he ever complained. Finally, forty-seven years after the accident, he died of cancer. At one time about the year 1850, and from that period for some years, he suffered much pain. He required about two hours in order to walk from the foot of Hanover Street to Bowdoin Square. About this time he made an appliance to the thigh, fitting tightly, out of a piece of buffalo skin, which gave him much relief and support. This is all I could glean of the case till the time of his death, when a post mortem revealed the following condition of things: Impacted fracture and dislocation of the femur; fracture of the acetabulum; the acetabulum almost obliterated; the head of the femur resting upon a new articular surface just below and running into the lower edge of the acetabulum about a quarter of an inch and behind the obturator foramen.

Retroversion of Uterus, with Complications. — DR. E. T. HODGES reported the following case, and exhibited the specimen, which he described as resembling the sloughed mucous membrane of the bladder. Dr. A. N. Blodgett had examined it microscopically, and reported it to be a fibrinous exudation upon the surface of the membrane rather than the membrane itself.

Grave as were the cystic symptoms, they formed but a complication of the patient's malady. Dr. Hodges first saw the patient, a woman, one month ago. She was then suffering from intense spasmodic pain along the urethra and over the symphysis. Examination by the vagina showed the hollow of the sacrum to be filled by a round, elastic tumor, apparently the uterus three or four months pregnant. No examination by the rectum was permitted. The posterior cul de sac was readily found, but the cervix was not discovered in the vicinity. The anterior cul-de-sac was beyond the reach of the index finger, above the symphysis, and here again the cervix was not found.

The bladder was full of urine, and rising out of the pelvis half way to the umbilicus.

As the patient refused to have the catheter passed, "because the water was coming away continually itself," Dr. Hodges had a flaxseed poultice applied over the bladder, and ordered a suppository of morphia and belladonna, which gave relief from the pain in half an hour. The case was considered one of uterine displacement, either anteversion or retroversion, complicating pregnancy and mechanically obstructing the proper emptying of the bladder. In the first labor forceps were used, and in each subsequent pregnancy there had been incontinence of urine during its whole course, but no more serious symptoms, and the confinements were natural. Dr. C. E. Wing was called in consultation, and upon examination succeeded in finding a cervix anteriorly, and diagnosticated a retroversion of the uterus, with pregnancy at the third or fourth month. Dr. Wing placed the patient in the knee-elbow position, and first passed a catheter. The urethra was enormously elongated, and the introduction of the instrument was most difficult. Only a small quantity of thick ammoniacal urine was withdrawn, and the use of a stream of water from a syringe to clear the eye of the instrument gave no better result, the water returning by and around the catheter, although the bladder was sufficiently full to be felt above the pubis. Failing to empty this organ, Dr. Wing proceeded to replace the uterus. This was rapidly accomplished, with slight pain to the patient, by grasping the cervix with a vulsellum and pushing upward the fundus. A Sims speculum was employed. After the replacement of the womb the catheter was again passed, with no better result than at first. The woman steadily refused to take ether or have the aspirator used.

Two days later, after a spasm of pain, she passed a fragment similar to this specimen in all respects, excepting that it was smaller. This explained the failure of the catheter to empty the bladder, for the fragment acted as a valve to obstruct the flow of urine. On the morning of the fifth day after the operation the woman was taken with what she thought to be labor pains, and Dr. Hodges was summoned. The pain was spasmodic, and closely resembled that observed in calculus of the bladder. After violent straining a gush of urine brought away the present specimen. The pain disappeared at once, and has not since returned, and she has been steadily recovering, and considers herself well, her only unpleasant symptom at present being incontinence of urine. There is no history or appearance of pelvic cellulitis, and no fistula was discovered.

SIXTY-EIGHTH ANNUAL MEETING OF THE RHODE ISLAND MEDICAL SOCIETY.

The sixty-eighth annual meeting of the Rhode Island Medical Society was held in Providence on Wednesday, June 11, 1879, the president, Dr. Edward T. Caswell, in the chair.

Dr. Chas. W. Parsons presented the annual report of the trustees of the Fiske fund, announcing that a premium of two hundred dollars had been awarded to Dr. Oliver C. Wiggin, of Providence, for an essay upon The Artificial Feeding of Infants, and a second premium of two hundred dollars to Dr. Chas. E. Banks, of Portland, Me., for an essay upon The Causes, Diagnosis, and Treatment of Cholera Infantum. The following subjects were announced for the ensuing year: (1.) The True Value of Electricity in its Application to Surgery. (2.) The Sympathetic Nerve: Its Relation to Disease.

After some further items of business were disposed of, Drs. Ray, of Philadelphia, Kirkbride, of the Pennsylvania Hospital for the Insane, and Nichols, of Bloomingdale Asylum, New York, delegates from the Association of Medical Superintendents of American Institutions for the Insane, now holding its sessions in Providence, were introduced to the society.

Dr. Ray made a brief address, expressing his long interest in the Rhode Island Medical Society, he having formerly been a member of the society while holding the position of superintendent of the Butler Hospital for the Insane. He expressed his confidence in the future prosperity of the society, and made some touching allusions to former members, long since deceased, who were prominent in the profession at the time that he was a resident of the city.

Dr. Kirkbride referred to the reliance placed by the superintendents of Insane Asylums upon the medical profession, and spoke of the honorable reputation which Rhode Island has always enjoyed in regard to the care of its insane, which he did not doubt was largely due to the influence of this society.

Dr. Nichols gave some pleasant reminiscences of his student life, which was partially spent in Rhode Island.

Dr. Ariel Ballou, of Woonsocket, from the special committee on the registration of physicians, reported that the subject had not yet received the full consideration which it deserved, and the committee was continued.

Dr. Job Kenyon, of Providence, from the committee on expert testimony before courts, reported that a petition had been presented to the legislature for an inquiry into the subject by the judiciary committee, and that a measure would be brought forward and considered at the next session. The committee was continued with farther power, in relation to the subject.

The secretary, Dr. W. E. Anthony, read obituary notices of the following members of the society, deceased during the year: Dr. Samuel Augustus Arnold, Dr. Almon Clark Whitman, and Dr. Israel Mathewson Bowen, active members, and Dr. Ashbel Woodward and Dr. Isaac Hays, honorary members.

The society then proceeded to the election of the following officers for the ensuing year: president, Dr. Edward T. Caswell, of Providence; first vice-president, Dr. Geo. P. Baker, of Providence; second vice-president, Dr. Chas. O'Leary, of Providence; recording secretary, Dr. Walter E. Anthony, of Providence; corresponding secretary, Dr. Edward M. Harris, of Providence; treasurer, Dr. Chas. H. Leonard, of Providence.

Dr. Jas. H. Eldredge, of East Greenwich, presented a specimen of *Sarracenia purpurea,* or pitcher plant, which he described as belonging to the class of insectivorous plants. He spoke of the beneficial properties ascribed to it as an external application in cases of small-pox.

Dr. S. W. Francis, of Newport, offered a resolution to the effect that the president of the society be instructed to petition the General Assembly for an act providing that no person authorized to practice medicine shall be compelled in any of the courts of this State to reveal information acquired in the practice of his profession. The resolution was passed.

The president, Dr. Edward T. Caswell, then delivered the annual address. He commenced by paying a feeling tribute to the memory of the venerable Dr. Arnold, and then passed on to give some practical hints for the conduct of the society, suggesting among other things that the day of the annual meeting be changed so as not to coincide with the date of meeting of the Massachusetts Medical Society. The main portion of the address was devoted to a consideration of the use of alcoholic stimulants from a medical point of view. A concise review of the physiological effects of alcohol was given, the writer maintaining that it is in no respect a food, and adds nothing to the vital forces. The value and effects of alcohol as a medicine were then discussed, showing it to be indispensable to the practitioner. Considering the moderate use of alcohol in relation to health, the question was presented as to whether it was beneficial or not, and the conclusion was reached that while there are some persons to whom total abstinence is the only safe course, the moderate use of the lighter wines, ales, and beer, under proper circumstances, is not injurious, and is often beneficial in the present condition of society.

The society then adjourned to the Narragansett Hotel to partake of the annual dinner, which was, as usual, an exceedingly pleasant affair.

FOX'S PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES.[1]

THE announcement of a new photographic atlas of skin diseases will, perhaps, little commend itself to those specially interested in dermatology, because they so well know the very unsatisfactory character of similar publications in the past. An examination of these plates of Dr. Fox will therefore surprise the most critical of them, we doubt not, and convince them that photography has at last accomplished in this direction what has so long been expected of it. Some of the illustrations, those of comedones, acne, and ichthyosis, for instance, are really wonderful in their minute accuracy and artistic excellence. Some of the plates, too, are of life size, and thus allow a strictly life-like reproduction of the cutaneous lesions. The negatives have been taken mostly under the direct supervision of Dr. Fox, printed by a new method not described, and finished and colored by Dr. Gaertner, a former pupil of Professor Hebra. With so accomplished a dermatologist as the editor, and an artist so skillful, so specially trained for the work, we have every surety that the high promise of these early parts will be fully carried out. It is proposed to complete the work of twelve parts within the year. With each plate is a short clinical account of the case chosen for illustration, followed by a general description of the affection and brief directions for treatment, all excellent in character. The illustrations of the first two parts represent comedo, acne, lepra tuberosa, elephantiasis, keloid, rosacea, psoriasis, and ichthyosis.

A HANDBOOK OF NURSING.[2]

THIS book was prepared for the use of the Training School for Nurses at New Haven, but was well worth publishing for the benefit of all nurses and the instruction of private families. It is certainly the best handbook that we have seen, and bears marks of having been built up slowly during a long experience of nursing. The first ten pages, devoted to the conduct of a nurse, could hardly be excelled. After this come directions for medical and surgical nursing, giving a clear but brief account of almost all the manœuvres that a nurse is ever called on to perform, including the use of baths, rubbing, the rules for observing the pulse, respiration, temperature, urine, etc., and also a few sketches of common diseases sufficient to introduce some directions for the special nursing required in each.

The second part of the book gives Directions for Monthly Nursing, and certainly contains excellent advice for the nurse, but at the same time much that would be of use only to the trained midwife. It is explained that these directions are given because in the absence of a physician a nurse may be obliged to conduct a labor. But the nurse should not fail to heed the warning in the next paragraph, that such rules "cannot be put in practice by any beginner." A nurse not trained as a midwife had better not try to take her first lesson in vaginal examination when left alone with a case of labor. The wisest course for her would be to follow nature, not to try to lead her.

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[1] *Photographic Illustrations of Skin Diseases.* By GEORGE HENRY FOX, M. D., A. M. D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O.; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases, etc., etc. New York: E. B. Treat, No. 805 Broadway.

[2] *A Handbook of Nursing for Family and General Use.* Published under the direction of the Connecticut Training School for Nurses, State Hospital, New Haven, Conn. Philadelphia: J. B. Lippincott & Co. 1879.

A similar criticism could be made on the chapters on Conditions which prohibit a Mother from nursing her Child, and The Necessary Qualifications of a Good Wet-Nurse. Without wide experience and a kind of education a nurse does not get, the best of rules might lead her to conclusions injurious to her patient. Decided exceptions might be taken to the advice on page 203 as to the use of the breast pump at a time when the difficulty to be remedied may as likely be due to excess of blood in the breast as to excess of milk, and a description of the methods of padding and compressing, as also of manipulating the breasts for the relief of distention, might well have been put in instead. We are also sorry to see condensed milk mentioned only to praise it.

In spite of these criticisms we have great pleasure in recommending the book for the use of professional nurses and all persons who have the care of sick persons, or of families in which sickness may occasionally occur, as by far the best treatise on the subject that has yet appeared.

POTT'S DISEASE.[1]

At the present time, when so much has been said on the cure of Pott's disease in a few months, it is a pleasure to welcome a monograph written by a person of Dr. Shaffer's experience, based upon cases watched through a number of years, and not upon improvement, perhaps temporary or accidental, occurring in an affection as chronic and insidious as caries of the spine.

The cases which Dr. Shaffer offers as illustration of his views appear to be carefully recorded. The results described are excellent, sufficient proof of the thoroughness of treatment.

Dr. Shaffer believes that the principle of antero-posterior support is the only true one in the treatment of caries of the spine. He uses for this support a Taylor's brace, or, in certain cases, a modification of it, applying a plaster-of-Paris "zone" instead of the apron customarily employed.

Dr. Shaffer's criticisms of the "plaster-jacket" treatment have already been mentioned in the Journal (May 8th, page 637). He hardly seems to have done justice to the convenience to the general practitioner of this form of appliance, or to admit that a plaster jacket may be applied so as to afford in certain cases efficient antero-posterior support.

The ill repute into which "apparatus" has fallen in treating caries of the spine and joint affections, Dr. Shaffer thinks, is partly due to the slight acquaintance the general practitioner has with the detail of apparatus, and to the fact that he is obliged to rely on "instrument makers, who, being under no obligation to follow the ideas of the surgeon who first devised a given splint for any purpose, are very prone to introduce so-called 'improvements,' which in many instances render the apparatus practically inoperative."

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[1] *Pott's Disease: Its Pathology and Mechanical Treatment, with Remarks on Rotary Lateral Curvature.* By Newton M. Shaffer, M. D. New York: G. P. Putnam's Sons.

The chapter on Pathology is carefully written; it consists mainly of quotations from a few standard works (Billroth's Surgical Pathology, Barwell, Brodie), and the views of the author founded upon clinical observation rather than any pathological investigation. This of course, in a measure, detracts from the value of the article, as the following extract illustrates (*vide* page 27): —

"Those cases in which I have been able to diagnose an acute fibro-chondritis with suppuration, the patients have recovered without any deformity other than a slight irregularity with rigidity," etc.

Dr. Shaffer was undoubtedly able to satisfy himself as to the correctness of a diagnosis of "acute fibro-chondritis," but the reader will be permitted to question the value of the observation.

In the small matter of literary style, a very frequent use of the personal pronoun is noticeable. On page 8, containing twenty-eight lines, the pronoun I occurs nine times, or once in every three lines; on page 18 eight times; on page 23 seven times.

THE TENTH CENSUS.

In the preface to the Ninth Census of the United States it is stated that if the value of our statistics of mortality "depended upon the return of substantially the whole body of deaths occurring during the year covered by the enumeration, the results would not be worth the space occupied by publication, much less the expense of collection and compilation." Their importance arises "from the consideration that the tables distribute a body of deaths approaching half a million, among the several periods of life, between the two sexes, according to cause of death and month of death, by race, by nationality, and by occupation." There are very few of our States, however, where even an approximate estimation can be made of the influence of *locality and various conditions of life* upon the death-rates; and even in Massachusetts the thirty-seventh registration report will be the first where the causes of death are pretty accurately stated, as compared with the statistics of other countries. General Walker, therefore, with the hearty coöperation of the American Medical Association and the National Board of Health, has issued a series of blanks, conveniently arranged in book form, in which physicians are requested to report fully all the deaths occurring in their practice during the year ending May 31, 1880. It is to be hoped that they will cordially respond to this request, and that the census of 1880 may thereby possess a value correspondingly greater than ever before. The distinguished ability of General Walker and his valuable experience are an assurance that his part of the work will be most admirably done.

THE WISCONSIN BOARD OF HEALTH REPORT.

The third annual report of the State Board of Health of Wisconsin contains a number of articles of great general as well as local interest, and gives good evidence of the enthusiastic devotion of its members to their work. The various contributions are prepared for a popular audience, and are admirably adapted to the purpose of instructing the people at large. As we read that the number of state boards of health is now more than double what it was at the beginning of 1876, and that it seems possible that the close of the present decade will find few, if any, States of the Union in which the subject of state medicine will not be carefully studied, under the authority of the various legislative bodies, we cannot resist the hope that long before that time Massachusetts will have resumed her proper place on the list.

From the report of the secretary it appears that the registration of vital statistics is very incomplete; indeed, from a failure to find full records of mortality, the board were unable to come to as definite a conclusion as they had wished with regard to a most important inquiry, namely, upon the alleged prevalence of malarial diseases, said to be due to overflowage of lands, caused by the erection of a mill-dam. An improved registration law, suggested by the board, failed to receive the legislature's approval. The organization of local boards of health and their readiness to report to the state board are improving from year to year. In forty-five of six hundred and eighty-seven towns small-pox occurred; diphtheria was the most prevalent of the infectious filth diseases; whooping-cough, scarlet fever, typhoid fever, and measles coming next in order.

The special papers in the report are on Diphtheria, by Dr. Griffin, president of the board, in which he maintains the *de novo* origin of the disease "under various recognized unsanitary conditions;" on Typhoid Fever, by Dr. Marks; on Land Drainage and Obstructions to Water-Courses, by the secretary, Dr. Reeve; on Some of the Preventable Causes of Insanity, by Dr. Kempster; on the Influence on Health of Reading (vicious literature), by Professor Anderson; on Water and the Water Supply of Wisconsin, by Dr. Witter; On Investigation of the Water Supply of a City, by Professor Chittenden; on Inspection of Buildings, by General Bintliff; on School Buildings, by Professor Chittenden. The last twenty pages are devoted to some interesting extracts from the notes of correspondents with regard to the prevalence and causes of disease in their respective localities. The report, as a whole, is a valuable contribution to sanitary literature.

RED CAPS AND SUMMER HEAT.

THE horse-car drivers and policemen have already been provided with light, comfortable hats, adapted to the heat and glaring light of our midsummer weather, while the soldiers' messenger corps are still obliged to wear, while on duty, the red woolen cap. This cap does not allow an air space between it and the head; does not protect the eyes from the intense bright light of the sun; and, worst of all, absorbs so much heat that a thermometer placed in it, over the head, registers several degrees more of heat than when a straw hat is worn. When it is considered that the danger of a permanent injury to the brain from wearing such caps in hot weather has been fully demonstrated in the American, English, French, and German armies, and when the fact is borne in mind that most of the messengers are men who have been more or less debilitated or injured by the exposures incident to the war, and that many of them, at one time or another, probably have been prostrated by intense heat, nothing certainly need be done to correct the evil further than to call attention to its existence. A light straw hat can be made, distinctive of the corps, without exposing the men to discomfort, and the risks of serious permanent disability.

MEDICAL NOTES.

— The British Medical Association will meet this year at Cork, on Tuesday, August 5th. Dr. Denis O'Connor is the president-elect.

— According to the *Berliner klinische Wochenschrift*, an enormous calculus was lately exhibited by Dr. Langenbeck, of Berlin. He removed it after death from the bladder of a man who had suffered for many years from urethral stricture. Its weight was six hundred grammes (eighteen ounces). It almost filled the bladder. No foreign body was found as a nucleus. It was composed wholly of phosphatic layers.

— Piorry, of Paris, so well known in connection with percussion by means of the plessimeter, his invention, and also from his numerous writings, recently died at the age of eighty-five.

— Professor Virchow has returned to Berlin from Asia Minor, where he had examined the excavations of Dr. Schliemann. Great honor was done to him at Athens, where the medical faculty presented to him the diploma of doctor, *honoris causâ*, and the medical society elected him honorary member.

— Langenbeck has performed tracheotomy seven hundred times in cases of diphtheria. Some years he has saved as high as forty per cent., and in others only ten per cent. He lays down the rule that one should operate before signs of extreme dyspnœa and blood-poisoning set in.

PROVIDENCE.

— The trustees of the Fiske Fund, Providence, R. I., proposed the following subjects for competitive essays for 1880: (1.) The True Value of Electricity in its Applications to Surgery. (2.) The Sympathetic Nerve: Its Relations to Disease. For the best essay on either of these subjects, worthy of a premium, they offer the sum of two hundred dollars. The essays are to be handed in on or before the 9th day of May, 1880. The regulations are those which are usual in such cases. Edward T. Caswell, M. D., George P. Baker, M. D., and Charles P. O'Leary, M. D., of Providence, are the trustees. The awards for the essays of 1879 are mentioned in our report of the annual meeting of the Rhode Island Medical Society, published in this number.

NEW YORK.

— At the last meeting of the County Medical Society before the adjournment until September, a paper was read by Dr. Ap Morgan Vance on The Treatment of Spinal Caries and Lateral Curvature by a New Paper Brace, a Substitute for the Plaster Jacket, and demonstrations of its construction and application were given by him. The use of paper in the treatment of spinal disease first suggested itself to him, he said, while a student in the University of Louisville, in the summer of 1877, previous to which he had seen in the practice of Dr. Cowling the employment of paper n the construction of fracture splints, with very satisfactory results.

The chief objections which he had found to the use of plaster were its weight, imperviousness, liability to break down easily, and the difficulty of removal, and these, he claimed, were all obviated by the paper brace, which secured the same support, while it was far more durable.

Owing to the time required for hardening and the yielding of the soft parts, the paper dressing could not be applied directly to the body, and the following device was finally hit upon: A plaster jacket is put on and allowed to harden, when it is removed and filled with plaster mixed with water. When the latter has set the external jacket is taken away, and a perfect cast of the body is thus obtained. Dr. Vance stated that successive layers of brown manilla paper, previously coated with a mixture of white glue and oxide of zinc, were applied to form the brace, the strips being one and a half inches in width, and long enough to reach a little more than half-way around the cast. More recently he had employed narrow vertical steel springs in connection with these, which added greatly to the strength of the brace, while, as several additional layers could be dispensed with, it greatly diminished its weight and bulk. A number of hours were required for it to dry, and when this had been accomplished it was cut down and removed, after which numerous perforations were made for the sake of ventilation, and leather strips with vental eyelets were then to be sewed half an inch from the edge in front, and laced with double lacing like a corset. Before being worn the brace should be neatly lined with some appropriate material, which could be removed whenever this was desirable on account of cleanliness. When used for the relief of lateral curvature the brace was supplemented by a band of sheet rubber, six inches square, sewed to the anterior and posterior walls in such a way as to keep up continual pressure upon the convexity of the thorax, and thus assist in straightening the spine. The paper brace weighed from eight to sixteen ounces, could be worn for six months or longer, could be removed and reapplied at will, and could be made and well finished for a little over a dollar.

— On the occasion of the final discharge of the committee of the County Society, appointed a year and a half ago in reference to the Catalogue of the National Medical Library, its chairman, Dr. A. Jacobi, congratulated the profession on the fact that Congress had made an appropriation for the printing of two volumes. In the course of his remarks he spoke of the encouragement which this much-desired result offered for prompt and united action on the part of medical men in the future whenever any interest of the profession was at stake, and also paid tributes to Dr. John S. Billings, the librarian of the National Medical Library, whose indefatigable industry, he said, was surpassed only by his modesty, and to the Hon. Anthony Eichoff, the representative of the seventh congressional district of the city of New York, who thoroughly appreciated the desirability of the great work, and in his capacity as a member of the committee on public printing used his most active endeavors to have it carried through.

— Three cases of small-pox in the upper part of the city have been traced to a factory near the Grand Central Hotel, corner of Fourth Avenue and Forty-Second Street, the patients all being workmen employed in this establishment.

Consequently the rest of the employees have been vaccinated, while the entire building has been thoroughly disinfected, and will be kept closed for two weeks.

— During last week the sanitary inspectors of the board of health investigated more than two hundred and fifty complaints from citizens, and since the 1st of January over three thousand four hundred complaints have been received by the authorities. The extra assistant inspectors, whose duty it is especially to look after the sick children in the tenement-house districts during the hot weather, have not yet been appointed, but the board of appointment have already made an appropriation of five thousand dollars for the payment of their salaries, and the corps will no doubt be organized and get to work early in July.

— Raphael Jean de Merauly, a native of France, who is said to be quite unacquainted with English, having presented to the Bureau of Vital Statistics a medical diploma from the American University of Philadelphia, and asked to be registered as a practicing physician, the application was denied on the ground that it was not possible to pursue a course of studies in an institution where one could not understand the language spoken.

— Dr. Carlos MacDonald has been appointed superintendent of the Asylum for Chronic Insane, which is to be established in the buildings at Binghamton lately occupied as the State Inebriate Asylum.

— Dr. Hull, the murder of whose wife has created such an excitement in the community, was formerly a regular physician, but for the last few years has been a homœopathist.

BALTIMORE.

— Among the recent contributions of note to medical literature is one by Prof. Harvey L. Byrd, a gentleman who has had extensive experience in the disease of which he treats, namely, yellow fever. His essay, entitled Observations on Yellow Fever, appeared in the March number of the *Virginia Medical Monthly*, has attracted much attention, and been favorably criticised. He assures us that the subject has been of the deepest interest to himself for a quarter of a century, and that it received his close attention and study during a decade of that time. The fallacy of supposing yellow fever to be an aggravated or malignant type of bilious or remittent fever, with an increase of some of its graver symptoms, is, he thinks, clearly demonstrated. The disease is treated as contagious, with immunity from second attacks. In the several epidemics through which Dr. Byrd has passed, he traces the cause to the importation of the yellow fever germ by foreign vessels coming from infected ports, the disease breaking out first in the sea-port towns, and thence being transmitted to the interior by means of human beings carrying the contagion in their clothing, or by bedding, blankets, etc. As regards season, locality, cause, contagion, and prevention, the subject is taken up and arranged systematically. The cause he considers to be a specific organic germ. By this native Africans are not affected, as a general rule, although the disease does prevail endemically on the west coast of Africa. The only sure prevention he believes to be quarantine rigorously carried out, and instances are cited in which quarantines were effectually protected from outbreaks of yellow fever.

— The fifth annual report of the Baltimore Charity Eye and Ear Dispensary on Central Avenue has been published. Although that institution has been maintained during the past year at the small cost of $300, there is now a prospect of still further reduction on account of lower rent, etc., which will bring the expenses within the modest sum of $274.50 per annum. The total attendance during the year was 2232; the daily average attendance thirteen or fourteen patients, the dispensary being open three days in the week. Dr. Samuel Theobald is the attending surgeon.

— The State Board of Health met in consultation, a few days since, at the health commissioner's office (Dr. Stewart's), for the purpose of inquiring into the best means of abating nuisances in "the belt," a tract of land between the city and the country. The butchering establishments are deemed a source of great nuisance to persons residing near; the filthy water and other matter from the slaughter-houses flowing into the city, settling in the sewers and low places, and polluting streams of water, and thus becoming prejudicial to the health of the neighborhoods. The law confers upon the health department of Baltimore the power to prohibit nuisances and enforce the health laws within three miles of the city limits, and it is proposed to direct the sanitary inspectors of the department and the county police force to examine into all such cases, and report them to the health department. The persons who are found violating the health laws will be brought before the grand jury for indictment. Immediate action will be taken by the state and city authorities to abate the nuisances. All slaughter-houses will be carefully examined, and care taken to report such establishments as allow water and other matter to flow into the streets.

— Professor Toury and Professor Remsen, of the Johns Hopkins University, have analyzed the water from a number of pumps, and in several instances found it no better than specimens previously examined. The water of two pumps, however, was found as pure as the water furnished by the city.

— Public exercises commemorating the thirtieth anniversary of the organization of the House of Refuge were held at that institution on the 19th inst. In his capacity as president, Dr. Graves made an address to the inmates, several hundred in number, who are under his immediate supervision. The sanitary condition, so far as we are aware, is equal to that of any other institution of the kind.

— It is mooted that an ordinance may be passed by the city council to appoint some surgeon fully competent to make post-mortem examinations for the city. This will be a new medical office.

— A new wing will shortly be added to the Maryland University Hospital, extending from Lombard to Carpenter Street. It will be of brick, three stories in height, and will accommodate seventy-eight patients. The building at present has accommodations for one hundred and sixty-five inmates.

— The Seaside Laboratory of the Johns Hopkins University is at Fort Wool, its location of last year, under the direction of Dr. William K. Brooks, an associate of the university. The laboratory was to have been opened about the middle of June.

LETTER FROM PROVIDENCE.

THAT useful and honorable body, the Association of Medical Superintendents of American Institutions for the Insane, held its thirty-third annual meeting here last week. The parlors of the new and elegant Narragansett House were enlivened by the presence of members and their wives from all parts of the United States and British Provinces. The South was well represented, and delegates came from New Brunswick and California, from the Northwestern and Gulf States. The Young Men's Christian Association Hall, where its sessions were held, was open not only to members, but to the profession in Providence, and to physicians of lunacy from other cities. Though membership is restricted according to its title, there is nothing exclusive or private in its meetings, as we noticed clergymen, asylum trustees, female physicians, and even an enterprising mangle agent in attendance. His *mangle*, we learned with pleasure, was merely for use in the laundry.

The officers elected are Dr. C. A. Walker, of Boston, president; Dr. J. H. Callender, of Nashville, Tenn., vice-president; Dr. John Curwen, of Harrisburg, Penn., secretary and treasurer. The next place of meeting is Philadelphia. Among the more important papers read and discussed was one by Dr. Ray, On the Curability of Insanity now and Forty Years ago, being an interesting reply to Dr. Earle's recent paper on the same subject; one by Dr. Draper, of Brattleboro, On the Responsibility of the Insane while Confined in Hospitals; and an account by Dr. Kirkbride, of Philadelphia, of three unusual cases occurring in his asylum. Dr. Walter A. Kempster, of Oshkosh, Mich., described a case of remarkably extensive and varied disease of the brain and spinal cord, showing colored drawings and microscopic sections in illustration of it. This case will be of much interest to pathologists when published in full. Dr. Kempster also showed sections of the cord in a series of cases, some of which tend to throw doubt on accepted theories of its physiology. For instance, in one patient sensation and motion remained unimpaired after complete destruction of the gray matter. An extensive clot in the floor of the fourth ventricle, destroying the roots of nearly all the cranial nerves, was unaccompanied by any corresponding symptoms during life. In a case of extensive clot cutting off the bases of the three occipital, he found sudden inability to swallow solid food. This case confirms Ferrier's observations of destructive lesion to this locality in apes.

We did not intend to report, except very briefly, the doings of the association, which, in spite of all temptations, did a creditable amount of work, the small size of the State proving well adapted to concentration of thought. We ought not to omit to notice the report on the death of Dr. William M. Compton, of Mississippi. He was a surgeon in the Confederate army, member of the Constitutional Convention of 1870, former superintendent of the Jackson Asylum, and chairman of the section on psychology of the American Medical Association. He was engaged at the time of his death in building a private hospital for the insane. He fell a victim to yellow fever, contracted while at his post of duty in the late epidemic.

On the afternoon of Wednesday the association accepted the hospitality of the trustees of the Butler Hospital. After inspecting this admirably arranged and furnished hospital, where Dr. Sawyer so well sustains the high standard of management introduced by Dr. Ray, dinner was served for two hundred guests in a tent on the grounds. The location of the Butler Hospital is unsurpassed for beauty, the situation being a high and undulating plateau, overlooking a wide river or bay, covered with a fine growth of large trees and an undergrowth of mountain laurel. The farm, lawn, and park contain about one hundred and fifty acres. After-dinner speeches were made by ex-Mayor Barstow, president of the corporation, Governor Van Zandt, Chief Justice Durfee, Drs. Ray, Clark, and many others. Judge Durfee thinks well of medical men as witnesses. He said that without experts in insanity "a court of law can do little but guess and grope and blunder in the dark." He paid a graceful tribute to Dr. Ray and other physicians, who have made valuable contributions to the department of medical jurisprudence, in consequence of whose labors "our laws are to-day, both in practice and theory, wiser, juster, plainer, and more humane, with the spirit of enlightenment and Christian civilization, than they otherwise could possibly have been."

On Thursday visits were made to the State Farm for Chronic Insane and the Rhode Island General Hospital. On Friday an excursion was made to Rocky Point, where a clam-bake was in readiness, and thence to Newport, visiting various points of interest in the city. Here Dr. and Mrs. Butler, with two gentlemen friends, were thrown from a carriage, and narrowly escaped a serious accident, which would have been a sad close to a pleasant and profitable week.

This week has been eventful in two respects. The trial of Geo. A. Brown for the murder of his wife's seducer has resulted in a disagreement of the jury. The defense was insanity, and the experts in attendance were Drs. Sawyer, Fisher, Palmer, and Whitney. As the case is to be tried again, we will make no comment except to remark that it involves a very important medico-legal question. The other event was the class day at Brown University, and what will interest more his numerous friends in and out of the profession, the conferring of the degree of LL. D on Dr. Isaac Ray, of Philadelphia. This compliment was never more deserved, and will be followed by the hearty congratulations of all who know his ability and worth. T. W. F.

SHORT COMMUNICATIONS.

ABDOMINAL WOUND WITH PROTRUSION OF THE OMENTUM.

BY JOHN BLACKMER, M. D.

THE following case seems sufficiently remarkable to place on record, and I accordingly forward you a brief sketch. March 6, 1879, I was called to E. M., a colored boy, nineteen years of age, who had just received a stab in the left hypochondriac region. The intestine was undoubtedly penetrated, as there was profuse internal hæmorrhage, manifested by hæmatemesis and the discharge of blood per rectum, which proceeded to complete syncope. External hæmorrhage was not grave, but a mass of omentum about four inches in length and one and a half in width protruded from the wound. For four or five days the pulse was not far from one hundred, thirst excessive, complete anorexia, and great restlessness. He was kept under the influence of opiates, and sustained by milk, beef tea, and juice of orange. A few days later febrile symptoms began to yield, pulse gradually sliding down to eighty, and thirst disappearing. The protruding omentum beginning to suppurate upon the upper surface and changing color beneath, on the ninth day after the injury we applied ligatures, and removed the mass. Very little febrile action ensued, and no positive peritoneal inflammation. Pain, restlessness, and nausea yielded as before to narcotics. The above diet continued with cold-water dressings. On the thirteenth day an enema was administered, the bowels having rested for twelve days. A good evacuation was produced.

The ligature did not give way until the eighteenth day after its application; the case has steadily progressed to recovery.

WHAT WE HAVE TO MEET.

"*Home keeping youths have ever homely wits.*" — SHAKESPEARE.

"WE, the undersigned, assistant physicians of ———, do beg that you reconsider your order concerning the metric system, and postpone it at least during our term.

"We respectfully request this for the following reasons: —

"(1.) We have never been taught the metric system in our medical colleges.

"(2.) We were considered competent by the board of health to practice, and were not interrogated in respect to this system. We know nothing more now than then concerning it.

"(3.) That neither our professors nor the first physicians of the city use it.

"(4.) All of our text-books are in the old system, and none in the new.

"(5.) We have no recognized authority for doses in the new system.

"(6.) In changing the doses from the old system to the new there is always a chance for mistakes and inaccuracies.

"(7.) That few if any druggists in the city are prepared to fill such prescriptions, and when we leave we shall be compelled to use the old system.

"(8.) That the remaining time that we have is so limited, and, having so much to learn, we would rather spend it so as to give us the greatest advantage.

"Hoping that this will meet with your approval, we remain,

"Yours respectfully." (Eight signatures.)

Tantœne animis cœlestibus iræ! Mountains and molehills! "Who would have thought the old man had so much blood"! It is three and a half months since the above petition was sent in, and the senders have already seen the error of their ways, and now each and all use the metric system exclusively. Such a document points a moral, Look before you leap, and furnishes a text, *Non omne ignotum pro malefico.* Let us answer in detail the "reasons" given.

(1.) Nor have they been taught where and how to purchase the horse and buggy which are to furnish them "rapid transit," physically speaking, as does the metric system, speaking intellectually. Both are to be obtained for their own sake. Fortunately, the latter is easily acquired.

(2.) Is one never to know more upon any point than what was forced into him at school? As far as physicians are concerned, the system may be learned in five minutes forever.

(3.) More shame to them, then! But it is not to them, it is precisely the younger men to whom we look for progress. In some parts of the world the ground is even to-day still harrowed and plowed with branches.

(4.) *All* text-books, except those in the English language, are in the metric system. Also all other books and articles, and many of these last even when written in English.

(5.) No "authority" is needed to prove that twice two is four. The whole system may be reduced to this: Knowing your grains, drachms, and ounces, multiply grains by .06, drachms by 4, ounces by 30. *Voila tout!* "Only this and nothing more!" On these three hang all the metric lore and profits!

(6.) Is there, then, a magical potency in exactly the old proportions? Oh, superstition dies hard! The only "chance" is for *improvement;* for, as .06 (*drug*) is *less* than a *grain*, while 4. and 32. (*vehicle*) are *more* than the *drachm* and *ounce*, there is *no* danger of giving too large doses of strong drugs, and polypharmacy, the opprobrium of our profession, is curtailed, while idiosyncrasies can be better allowed for.

(7.) *All* druggists *must* be "prepared to fill such prescriptions," for the metric system is *legalized* in the United States already, and the law compels them. All that is needed is for them to *buy the weights*, and that for a mere trifle. *Educated* pharmacists in their own work use *only* the metric system. In the Eastern States the druggists were far in advance of physicians in its use. Distrust *as ignorant* every "druggist" *not* "prepared to fill such prescriptions." Nor will you ever be "compelled," *or even willing*, to go back "to use the old system." *Nulla vestigia retrorsum!*

(8.) Then learn *and use* the metric system, *thus saving time for study*. Q. E. D.

MORAL.

We need a benevolent despot who would *compel* the use of the metric system here after a fixed day. After a week no one would have any more trouble; after a month people would wonder how they could ever have used anything else, the labor of learning is so slight, the gain immense.

All the poor peasants of Europe, the lowest classes of "effete despotisms," etc., etc., have been able to adopt it, *at once*, and yet Americans, self-ruling, are really too lazy, while merely claiming to be too stupid, so to do. Shame on a country which "to party gives up what was meant for mankind"! E. W.

REPORTED MORTALITY FOR THE WEEK ENDING JUNE 21, 1879.

Cities.	Population estimated for July, 1879.	Reported Deaths in each.	Annual Death-Rate per 1000 during the Week.	Percentage of total Deaths from				
				The Principal "Zymotic" Diseases.	Diarrhœal Diseases.	Pneumonia.	Diphtheria and Croup.	Scarlet Fever.
New York	1,085,000	473	22.73	30.44	15.64	6.55	3.59	5.92
Philadelphia[1]	—	—	—	—	—	—	—	—
Brooklyn	564,400	151	13.95	23.18	7.95	6.62	7.95	4.64
Chicago	—	143	—	20.28	11.19	4.20	3.49	1.40
St. Louis	—	166	—	31.33	22.89	1.81	—	1.20
Baltimore	365,000	180	25.72	41.67	27.22	1.67	3.33	7.22
Boston	360,000	97	14.05	15.46	2.06	6.19	9.28	—
New Orleans[1]	—	—	—	—	—	—	—	—
Cincinnati	280,000	104	19.36	30.77	13.46	1.92	2.88	8.65
District of Columbia	160,000	118	38.46	37.29	35.59	.85	—	.85
Cleveland	—	48	—	27.08	6.25	4.17	4.17	6.25
Pittsburgh	—	41	—	34.14	4.88	2.44	12.19	2.44
Buffalo[1]	—	—	—	—	—	—	—	—
Milwaukee	—	22	—	13.64	4.55	18.18	4.55	—
Providence	101,000	—	—	—	—	—	—	—
New Haven	60,000	22	19.12	—	—	—	—	—
Charleston	57,000	30	27.44	3.33	3.33	3.33	—	—
Nashville	27,000	15	28.97	60.00	60.00	—	—	—
Lowell	53,300	24	23.47	4.17	—	4.17	4.17	—
Worcester	52,500	12	11.92	8.33	—	—	—	—
Cambridge	51,400	10	10.14	10.00	—	10.00	10.00	—
Fall River	48,500	21	22.58	19.05	—	—	—	19.05
Lawrence	38,200	14	19.11	21.43	7.14	14.28	7.14	7.14
Lynn	34,000	11	16.87	36.36	—	—	18.18	9.09
Springfield	31,500	9	14.90	22.22	—	—	11.11	—
New Bedford	27,000	8	15.45	12.50	—	—	12.50	—
Salem	26,400	6	11.85	16.67	—	16.67	16.67	—
Somerville	23,350	4	8.93	25.00	25.00	—	—	—
Chelsea	20,800	6	15.04	50.00	—	16.67	33.33	—
Taunton	20,200	3	7.74	—	—	—	—	—
Holyoke	18,200	14	40.11	28.57	14.28	7.14	—	—
Gloucester	17,100	9	27.44	11.11	—	11.11	—	11.11
Newton	17,100	6	18.29	—	—	—	—	—
Haverhill	15,300	3	10.22	—	—	—	—	—
Newburyport	13,500	4	15.45	—	—	25.00	—	—
Fitchburg	12,500	2	8.34	—	—	—	—	—

[1] Not reported.

Seventeen hundred and seventy-six deaths were reported: 496 from the principal "zymotic" diseases, 267 from diarrhœal diseases, 222 from consumption, 80 from pneumonia, 73 from diphtheria and croup, 73 from scarlet fever, 30 from bronchitis, 21 from whooping-cough, 18 from measles, 15 from typhoid fever, 14 from malarial fevers, seven from cerebro-spinal meningitis, five from erysipelas, three from small-pox, three from trismus nascentium, and one from "spotted fever." The death-rate of whites in the District of Columbia was 32.38, of colored 50.08. From *bronchitis*, 10 deaths were reported in New York, five in Brooklyn and Chicago, three in Boston, two in Baltimore and Lowell, one in Cincinnati, Cleveland, and Charleston. From *whooping-cough*, eight in New York, three in Brooklyn and Cincinnati, two in Pittsburgh, and one in Chicago, St. Louis, Baltimore, Boston, and Cleveland. From *measles*, six in New York, four in Pittsburgh, three in Baltimore and Cleveland, and two in St. Louis. From *typhoid fever*, three in Boston, two in Chicago, Baltimore, Cincinnati, and Holyoke, one in New York, St. Louis, Milwaukee, and Worcester. From *malarial fevers*, five in New York, four in St. Louis, two in Chicago, and one in District of Columbia, Cleveland, and Baltimore. From *cerebro-spinal meningitis*, two in St. Louis, one in New York, Chicago, Cincinnati, Lynn, and Chelsea. From *erysipelas*, two in New York and St. Louis, one in Brooklyn. From *small-pox*, two in New York and one in Baltimore. From *trismus nascentium*, two in Charleston and one in District of Columbia. From *spotted fever*, one in Springfield.

Allowing for Philadelphia, New Orleans, and Buffalo, not reported, the total mortality and the deaths from erysipelas, diphtheria and croup, whooping-cough, and cerebro-spinal meningitis remain without noteworthy change; in pulmonary diseases the decrease of the past four weeks continues; typhoid fever is less fatal again, after the rise of the previous week; scarlet fever and measles show a moderate increase; diarrhœal diseases have progressively increased in fatality for the past five weeks, although not so rapidly as last year. In the nineteen cities of Massachusetts, with an estimated population of 880,850, the mortality from typhoid fever, diarrhœal diseases, and pneumonia was greater than for the previous week; from cerebro-spinal meningitis, whooping-cough, and consumption much less.

The weather was cooler than usual for the season, the meteorological record for the week in Boston being as follows: —

Date.	Barometer.	Thermometer.			Relative Humidity.				Direction of Wind.			Velocity of Wind.			State of Weather.[1]			Rainfall.	
	Mean.	Mean.	Maximum	Minimum.	7 A. M.	2 P. M.	9 P. M.	Mean.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	Duration.	Amount in Inches.
June 15	29.594	55	66	48	88	88	93	90	W	N	N	4	11	6	R	R	O	—	.93
" 16	29.647	51	63	48	100	86	93	93	NE	N	N	6	15	7	R	O	F	—	.09
" 17	29.879	58	68	49	80	35	78	64	W	W	W	6	16	11	C	F	F	—	.01
" 18	30.113	55	62	49	73	58	66	66	NW	E	SE	15	8	1	F	F	C	—	—
" 19	30.255	58	61	49	75	44	56	58	E	SE	O	8	11	0	F	C	C	—	—
" 20	30 211	62	73	48	75	48	55	59	W	SE	W	6	10	8	C	F	C	—	—
" 21	30.177	65	81	54	77	39	61	59	SW	SW	SW	10	12	12	C	F	F	—	—
Week.	29.982	58	81	48				70	W			1505 miles.						—	1.03

[1] O., cloudy; C., clear; F., fair; G., fog; H., hazy; S., smoky; R., rain; T., threatening.

For the week ending May 31st, in 149 German cities, with an estimated population of 7,419,414, the death-rate was 28.3, a decrease of 0.8 over the previous week. The diarrhœal diseases alone show a considerable increase. Four thousand and forty-four deaths were reported: 619 from consumption, 522 from acute diseases of the respiratory organs, 282 from diarrhœal diseases, 122 from diphtheria and croup, 52 from typhoid fever, 48 from scarlet fever, 43 from whooping-cough, 36 from measles, 32 from puerperal fever, four from typhus fever, two from small-pox. The death-rates ranged from 18.5 in Posen to 45.0 in Munich; Königsberg 38.6; Dantzic 29.1; Breslau 37.9; Dresden 27.1; Cassel 27.5; Berlin 27.1; Leipsic 22.8; Hamburg 29.5; Hanover 21.4; Bremen 25.0; Cologne 23.0; Frankfort-on-the-Main 21.4; Darmstadt 24.1. Also for the same week, Vienna 32.9; Prague 41.8; Trieste 30.4; Geneva 28.4; Basle 16.5; Paris 27.

For the week ending June 7th, in the 20 English cities and towns having an estimated population of 7,383,999, the death-rate was 19.7, a decrease of 0.8 from the previous week, indicating a decrease in all the reported causes of death except diarrhœa, fevers, and small-pox, in all of which there was a considerable increase. Two thousand seven hundred and eighty-five deaths were reported: 283 from diseases of the respiratory organs, 106 from measles, 91 from whooping-cough, 89 from scarlet fever, 42 from diarrhœa, 35 from fever, eleven from small-pox (in London). The death-rates ranged from 11.9 in Portsmouth to 23.4 in Oldham. London 19.5; Plymouth 14.7; Bristol 19.9; Birmingham 21.3; Liverpool 21.0; Manchester 22.1; Leeds 21.1. In Edinburgh the death-rate was 18; in Glasgow 21; in Dublin 40 (small-pox, 18 deaths).

Small-pox and fevers prevail in Calcutta, Bombay, and Madras; small-pox and measles in Paris and Buda-Pesth; small-pox and diphtheria in Vienna; small-pox (increasing) and fevers in St. Petersburg. Any apprehensions of further danger from the plague have been given up, and the countries of Southern Europe have annulled the regulations with regard to it.

BOOKS AND PAMPHLETS RECEIVED. — The Chorda Tympani Nerve. By Horatio R. Bigelow, M. D. New York: G. P. Putnam's Sons. 1879.

Index Medicus. Vol. I. No. 5. May, 1879. New York: F. Leypoldt, 13 and 15 Park Row.

Physicians' Record of Deaths. Census Office, Washington, D. C.

Pharmacopœia of the British Hospital for Diseases of the Skin. Balmanno Squire, M. B. Lond., etc., etc. London: J. and A. Churchill. 1879.

Relation of Alcoholism to other Forms of Disease. By Elisha Chenery, M. D. (Reprint from the Quarterly Journal of Inebriety, June, 1879.)

American Health Primers. II. Long Life, and How to Reach it. By Joseph G. Richardson, M. D., Professor of Hygiene, University of Pennsylvania, etc. Philadelphia: Lindsay and Blakiston. 1879.

Third Annual Report of the State Board of Health of the State of Wisconsin. Madison, Wisconsin. 1879.

Pendulum Leverage of the Obstetric Forceps. By Albert H. Smith, M. D., Philadelphia. (Reprint from Vol. III. Gynæcological Transactions.) 1879.

Atlas of Histology. By E. Klein, M. D., F. R S., etc., etc., and E. Noble Smith, L. R. C. P., M. R. C. S., etc., etc. Part IV. Philadelphia: J. B. Lippincott & Co. London: Smith, Elder & Co.

Diseases of the Intestine and Peritonæum. By John Lyer Bristowe, M. D., J. R. Wardell, M. D., J. W. Begbie, M. D., F. O. Habershon, M. D., T. B. Curling, F. R. S., W. H. Ransom, M. D. New York: William Wood & Co. 1879.

Elements of Modern Chemistry. By Adolph Wurtz, Member of the Institute, etc., etc. Translated and edited with the approbation of the author from the fourth French edition by William H. Greene, M. D., etc., etc. Philadelphia: J. B. Lippincott & Co. London, 16 Southampton Street, Covent Garden. 1879.

Address on State Medicine, etc. By the "Annual Orator" for 1879, Stanford E. Chaillé, M. D. New Orleans. 1879.

The Causal Lesions of Puerperal Convulsions. By James Tyson, M. D. 1879.

The American Medical College Association. Third Annual Meeting.

Report of the Executive Committee of the Roxbury Charitable Society.

Sixteenth Annual Report of the New York Society for the Relief of the Ruptured and Crippled.

Report of Surgical Cases of St. John's Riverside Hospital, Yonkers, N. Y. W. R. Upham, M. D.

Posture as a Means of Relief in Strangulated and Incarcerated Hernia, with a Consideration of the Mechanism of Reduction. By Frank A. Hamilton, A. M., M. D., Surgeon to Bellevue Hospital, etc. (Reprint from Hospital Gazette.)